University of Alberta

The History of Nursing in Pakistan: A Struggle for Professional Recognition

by

Hafiza Hemani ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Nursing

Faculty of Nursing

Edmonton, Alberta

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled The history of nursing in Pakistan: A struggle for professional recognition submitted by Hafiza Hemani in partial fulfillment for the degree of Master in Nursing.

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Dedication

This thesis is dedicated to my Grandmother and Parents for their unconditional love, caring, and trust. Their continual desire to ensure my happiness, their constant encouragement, and blessings have all fostered within me a strong sense of pride that has provided the necessary courage and confidence to carry me to this point in my life.

Abstract

The history of nursing is as ancient as human civilization. However, the history of nursing in the modern era Pakistan can be traced from British rule in the Indian sub-continent in the period when Pakistan was part of it. At the time of independence 1947, while British nurses left for England and the majority of non-Muslim nurses migrated to India, Muslim nurses migrated to Pakistan. These few Muslim nurses in Pakistan were faced with the responsibility of caring for the Muslim migrants from India to Pakistan. This was a critical moment for nurses in Pakistan, and through the influence of such leaders as Begum Rana Liaquat Ali Khan and Muhaterma Fatima Jinnah well educated Muslim women were encouraged to enter the nursing profession and were sent to Britain for professional education. These British trained nurses returned to Pakistan, took up leadership positions and played key roles in developing the nursing profession in Pakistan. These nursing leaders faced many difficulties and obstacles in their efforts to establish the nursing profession in a newly independent country. International agencies such as, the Canadian International Development Agency, the World Health Organization, and the Aga Khan Foundation supported the nursing profession in its quest to raise its standards of practice and education in order to provide quality health care to the population. Since Pakistan became an independent country significant progress has been made in nursing education and practice. However, further development is needed if nursing in Pakistan is to meet international standards of professional practice. The efforts and hardships of the nursing leaders to raise standards are presented in this historical thesis. In this study the intent was to develop a beginning history of nursing in Pakistan. Oral history methods were used and

interviews with previous and current nursing leaders were conducted. A search for primary documents was conducted in the files of relevant organization and secondary sources were identified and used to support the data.

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I would like to acknowledge many people without whose support this thesis would not have been completed. First of all, I would like to thank the almighty God for his power and blessings this degree and thesis were possible to be completed.

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I wish to register my special appreciation to Dr. Susan French for content validating my thesis, assisting in identifying the nursing leaders and providing reading material for the thesis throughout my project. My heartfelt thanks to Ms. Amarsi for her ongoing guidance, support and material for my project and also to Ms Laila Gulzar for assisting me in locating the nursing leaders during data collection period.

My deepest thanks to my co-researchers who in spite of their busy schedules agreed to share their memorable life histories with me. They have given us wealth of information about the history of nursing in Pakistan, and it will be valuable asset for present and future nurses. These leaders were Ms Wazir Begum, Mrs Kaneez Mowla, Mrs Amtul Anis, Mrs Imtiaz Kamal, Mr Mushtaq Ahmed, Ms Moolchand, Mrs Nisab Akhter, Mrs Khatija Mushtaq, Retired Brigadier Nusrat Jehan and Mrs Faiz Alam Zaib.

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Chapter I

Introduction

Pakistan

Pakistan is situated in the northwestern part of the South Asian subcontinent. It is bordered by Iran to the west, Afghanistan to the north, China to the north-east, India to the east and Arabian sea to the south (see map). Pakistan is divided into six major regions: the Northern High Mountainous Region, the Western Low Mountainous Region, the Baluchistan Plateau, the Potohar Uplands, and the Punjab and Sind fertile plains. It is also a land of great rivers like the Indus and its tributaries, large dams like Tarbela, and high mountain peaks like K2 (Mount Goodwin Austin at 8,611 meters) and Nanga Parbat (8,126 meters).[1] The total land area is about 796,000 square kilometres and comprises four provinces namely Sind, Punjab, Baluchistan and North West Frontier Province. Islamabad is the capital city of Pakistan. The majority of the population of Pakistan consist of Muslims and the remaining minority populations include Hindus, Christians and Parsi (Zoroastrians). The constitution of Pakistan gives minority populations the right to practice and preach their religion freely and to take any position in the government except the posts of President and Prime Minister. The language of education is Urdu but English is spoken and used in higher educational and professional colleges. Pakistan is the ninth most populous country in the world with 124 million inhabitants, and its population is growing at the rate of 3.1% every year. Because of the continuing high level of fertility, the population is relatively young. (Figure 1.1) Pakistan is an agricultural country with just over 50 % of the work force employed in occupations related to agriculture. Seventy five percent of its population is urban while twenty five percent live in rural areas.[2]

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[1] Rukanuddin R A & Ahmed T, *Pakistan Demographic and Health Survey 1990-1991*, National Institute of Population Studies Islamabad, Pakistan. July, 1992. 1.

---

[2] Ibid., 2-3.

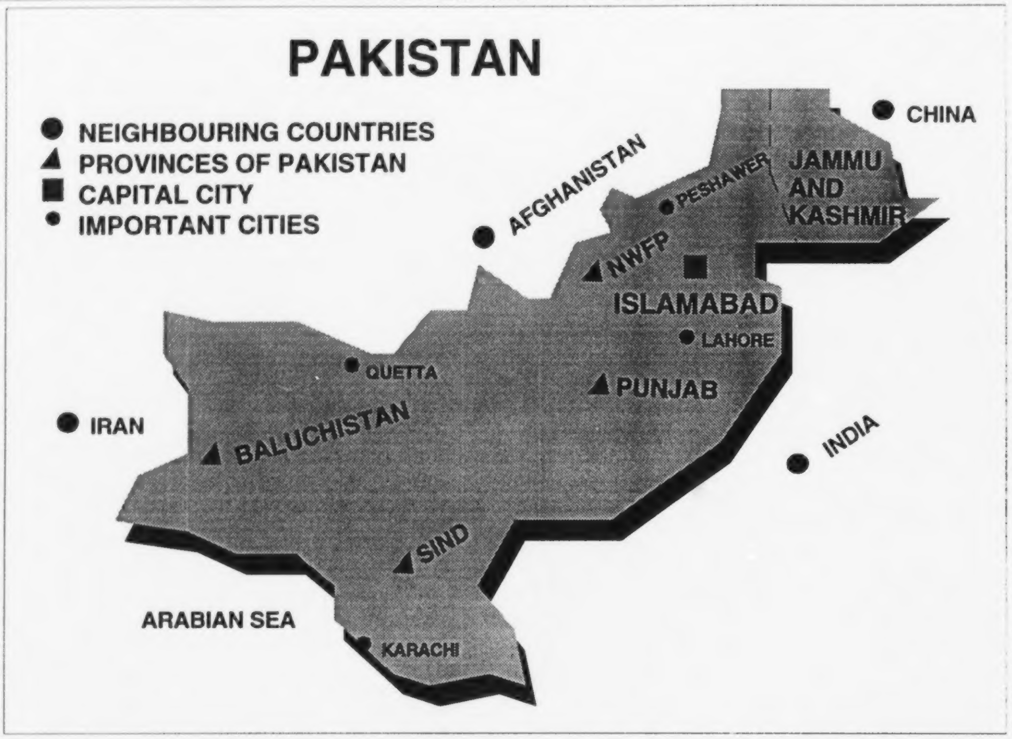
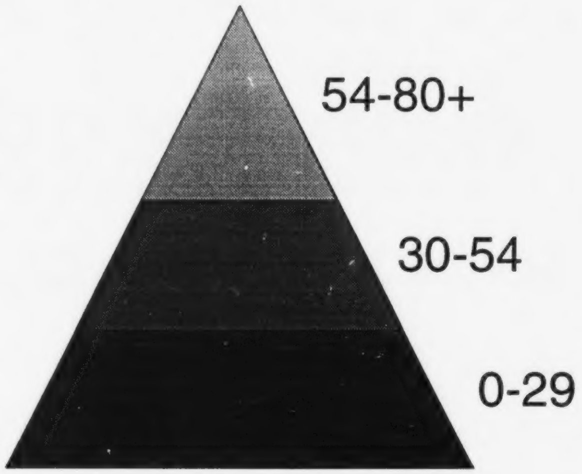

PAKISTAN
● NEIGHBOURING COUNTRIES
▲ PROVINCES OF PAKISTAN
■ CAPITAL CITY
• IMPORTANT CITIES
CHINA
AFGHANISTAN
PESHAWER
JAMMU AND KASHMIR
NWFP
ISLAMABAD
LAHORE
QUETTA
PUNJAB
IRAN
BALUCHISTAN
INDIA
SIND
ARABIAN SEA
KARACHI

Figure 1.1 Population Pyramid of Pakistan*



*Modified from Rukanuddin R. A. & Ahmed T., "Pakistan Demographic and Health Survey, 1990-1991." National Institute of Population Studies (NIPS). Islamabad

Population Health in Pakistan

The health care structure in Pakistan is somewhat similar to that in Canada in that the federal government provides funding in accordance with certain policies, while the provinces are responsible for the delivery of services. With the help of the World Health Organization (WHO), Pakistan has been developing Five Year Health Plans for the last 30 years. In these plans the country looks realistically at its health problems, identifies priority programs and sets specific goals to be achieved. This program helps to assess and evaluate progress every five years. In spite of all the planning, Pakistan has not been able to achieve the desired results for reasons such as paucity of funds, lack of reliable statistics and three million Afghan refugees which are an added burden to the economy as well as to the health system.[3] The health status of Pakistani citizens is characterized by a high birth rate, high infant mortality rate, high child mortality rate, high maternal mortality rate and high morbidity rate due to communicable diseases (Table 1.1). Infectious diseases have in the past and do at present dominate the morbidity and mortality scene. Among infections, diarrhoea is a common cause of mortality and morbidity. The crude death rate was 40/1000 during the early sixties declining to 12/1000 in the 1980s. The main causes of death have been infectious and respiratory diseases, accidents and malignant tumours. Tuberculosis is also an important factor in morbidity and mortality. The life expectancy for both sexes is 52-53 years. The disease pattern is characterized by high morbidity due to infectious and communicable diseases. The most common causes of death amongst children are measles, whooping cough, tetanus and diarrhoeal disease. Approximately five million die annually of diarrhea. This amount is equal to the total number born each year in the United States, United Kingdom, France, the Netherlands and Sweden taken together.[4] To reduce the infant mortality rate due to communicable and infectious diseases, an immunisation program was initiated in 1978 to protect infants and young children against six common diseases and pregnant mothers against tetanus. With the collaboration of WHO and UNICEF the Expanded Program of Immunization (EPI) program was a success. The infant mortality rate has declined from 139 per 1000 at the time of independence to a current rate of 70. Maternal deaths associated with the complications of pregnancy and childbirth are very high, the most common causes of maternal mortality are repeated close pregnancies with high parity and deliveries by elderly women or traditional birth attendants in rural or urban slums. Protein energy malnutrition is a problem in children under 5 years of age. The other nutritional problems are anaemia and goitre. Cardiovascular diseases ranked first in individuals whose social and family responsibilities were highest. Cancer is rapidly becoming a major cause of death in Pakistan.[5]

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[3] Dier K, Primary Health Care in Pakistan, In *Think Prevention: The report of the joint committee on preventive medicine*. Health Unit Association of Alberta. 1987.

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[4] Mahler,The meaning of 'health for all by the year 2000', World Health Forum, 2(1): (1981): 6.

[5] Mahmud, S. *Primary Health Care in Pakistan*. (1983): 15-16.

Table 1.1 Health Statistics of Pakistan

	1965	**1978**	**1983**	**1991 Ruknuddin et.al, 1992**
Life expectancy at birth -M -F	47 45	54 53	54.6 54.5	61 60
Infant mortality rate	140	105	100	>100
Child death rate	12.0	-	10.0	-
Crude death rate	16.0	14.0	12.0	-
maternal mortality rate	42 Egan, 1966	6-8	6-8	6

Data from Eagan S, "*Report of the Project College of Nursing (Nursing Education and Facilities)*" Report prepared under the terms of an agreement between The US Agency for International Development and The Government of Pakistan Ministry of Health. September 1955-June 1966.
Mahmud S, *Primary Health Care in Pakistan*. Health and Nutrition, Planning and Development Division, Government of Pakistan, Islamabad. May, 1983.
Rukanuddin R A & Ahmed T, *Pakistan Demographic and Health Survey 1990-1991*, National Institute of Population Studies Islamabad, Pakistan. July, 1992.

"Health for all by the year 2000" is the target of health care delivery of the member states of the World Health Organization, an organization to which most countries in the world belong.[6] As a member state of the WHO, Pakistan also made a policy commitment to the development of all its citizens to achieve a higher quality of life. This was to be done by reducing the incidence of morbidity and mortality by providing preventive and curative care to the whole population. To provide a systematic link between the village, the community and the modern health system, goals were set in the sixth five year plan 1983-88. The implementation was seen in a very well defined health care structure, using the concept of Health for all by the year 2000, as stated in the Alma Ata Declaration.

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[6] Mahler.,5

There are four levels of health care facilities in the country (Tables 1.2 and 1.3). The grassroots facility is the Basic Health Unit (BHU) at the primary level in rural areas to provide treatment for minor conditions, immunizations, maternal and child health services, health teaching and teaching of local volunteers and traditional birth attendants. It is staffed to be with one physician, one lady health visitor or female technician, and one male technician. In some areas there are male and/or female community health worker with 6 months training who can screen patients and refer them to the BHUs as needed. Under a new program introduced in 1994, 300,000 women health visitors (WHV) will be trained as community health workers. The second level is the rural health centre (RHC), responsible for planning, management and supervisory support for rural health centres, and 5-10 basic health units. The staffing pattern for the RHC is one female and two male physicians, male health technicians and lady health visitors and/or female health technicians. Each RHC has 10-25 in-patient beds. The third level is the Tehsil hospital consisting of surgical, medical, laboratory and radiographic facilities. At this level education, supervision, referral and supply of drugs to RHC, and BHUs are expected to be provided. There is a hospital at each district and divisional level. (Provinces are divided into divisions and further sub-divided into districts). These hospitals are expected to provide hospital-based services to the population in and serve as a referral centre. In each province there are speciality hospitals (e.g., TB) and teaching hospitals to which Medical Colleges, Colleges of Nursing and Schools of Nursing are attached. In addition to the health care facility system in the public sector, there are multiple private hospitals and other facilities, many of which are owned and operated by physicians.

The structure of the health care system is well planned, but unfortunately there is an extreme shortage of health personnel to work in these units. Even when there is an oversupply such as physicians, postings to the primary health care facilities are not valued. Many posts, reported as occupied, lie vacant. Most of the primary health care budget is spent on building facilities without the necessary allocation of funds for staffing. Pakistan has an oversupply of physicians. Based on the data available in 1986, there was one registered physician for every 2,133 people in Pakistan, compared to one registered nurse for 6,302 people. There were four physicians for every nurse. There were far more physicians than nurses amounting to almost three times as many physicians than nurses,[7] and yet there were only 54 beds per 100,000 population. While the world average was one bed per 290 persons, Pakistan's average was one bed per 1,852 persons.[8] (Table 1.4).

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[7] Harner R, Amarsi Y, Herberg P, & Miller G. Health and nursing services in Pakistan: Problems and challenges for nurse leaders, *Nursing Administration Quarterly 16*(2) (1992): 53.

[8] Scott, P. Educational Goals and Implementation in Pakistan. In C. M. Fagin (Ed.). *Nursing Leadership: global strategies* (National League for Nursing Publication): 99

Table 1.2 Primary Health Care Structure.

Health care structure	Population	Staff	Beds	Responsibilities
Basic health unit	10,000	Physician, LHV, Community health workers	Day clinics	Preventive and simple curative care
Rural health unit	300,000	Physician, LHV, CHW	10-15 beds	Planning, management and supervisory support to BHU and to the catchment area
Tehsil health unit	350,000 400,000	Physician, RN, LHV, CHW	15-30 beds	Medical surgical expertise, radiography, laboratory, drugs and referrals
District hospitals	1.5 million	Physician, RN, CHW	30-300 beds	Major medical surgical specialities for adult and children

Modified from Harner R, Amarsi Y, Herberg P, & Miller G. "Health and nursing services in Pakistan: Problems and challenges for nurse leaders" Nursing Administration Quarterly 16(2) (1992): 52-59.

Table 1.3 Primary health care facilities and numbers.

PRIMARY				SECONDARY			TERTIARY		
Clinics dispensaries	MCH centres	BHU	RHC	Sub-tehsil hospital	Tehsil hospital	District hospital	Teaching hospital	Provincial hospital	Special hospital
2412	419	3285	584	112	164	72	23	12	24

Modified from Harner R, Amarsi Y, Herberg P, & Miller G. "Health and nursing services in Pakistan: Problems and challenges for nurse leaders" Nursing Administration Quarterly 16(2) (1992).

Table 1.4 Development of Health Facilities in Pakistan by Decades

Year	**1947**	**1957**	**1967**	**1977**	**1987**	**1991**
Hospitals	292	330	391	528	882	744
Hosp. Beds	13769	19640	27291	40518	60083	75552
Pop. / hosp bed	data not available	2132	1878	1834	1678	1508

Modified from Saleem N J, Shah S M, & Nagi S. History of Nursing in Pakistan. Pakistan Nursing Council. 1992.

In addition to the shortage of health personnel, the other problem faced by the health system is inadequate preparation of health professionals to function effectively in community based health centres or in facilities at the district level health. The education of physicians and nurses has been primarily cure oriented and hospital-based. This is now gradually changing to a community based approach.[9] Also physicians and nurses were not ready to go and serve in the rural areas for reasons such as lack of facilities for assessing and treating clients, lack of proper living arrangements, low salaries and the lack of other benefits. The only health personnel working in majority of the primary health care facilities, especially in rural areas, is the lady health visitors (LHV) who are respected and accepted by the community people. These individuals provide health care services to women and children, primarily in maternity homes and in the community. Lady health visitors, a category with Nursing, having 2 years of education in the Government Public health school including one year of general nursing and the second year in midwifery.

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[9] Bryant, J. "Health for all: the dream and reality". *World Health Forum,* 9(3). (1988):296.

They have the opportunity to establish private midwifery practice. However, they can only advance to higher education at a college of nursing by first taking a diploma in nursing. These LHVs are bonded by the Government to work for two years in any rural setting. With their sparse knowledge they take care of a huge population of approximately 10,000 in each area.

The levels of health care defined earlier have few physicians. Physicians are assigned to these units but, they do not appear regularly and pay visits only occasionally to check on the situation. Nearly seventy-five percent of the population living in rural areas is deprived of qualified health personnel. The twenty-five percent who reside in urban areas have access to health facilities and health personnel, but still the number and quality (health personnel and facilities) are not enough to cover everyone. Only 3.8% of the total budget is allotted to health to look after the health needs of the huge population of 124, 000,000 people in Pakistan. The expenditure for health care in the Fifth Five Year Plan 1978-83 was 1 percent of the Gross Domestic Product. However, only 50 percent of that was actually received. The sixth five year plan 1983-88 allocated 0.6 percent of the Gross Domestic Product for health. Most developing countries spend approximately 2-3 percent of their Gross Domestic Product for health.[10] Health policies are made at the political level and commitments are given with good intentions but health is not given the priority it should have in the budget. Instead a priority is given to defence.

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[12] Norton M E, *"Educational and Social Innovations in an Islamic Republic: The development of a school of nursing."* A Doctoral thesis. Columbia University. (1985): 85.

To assist the government to increase the effectiveness of the primary health care program, the Pakistan Nursing Council, after receiving assistance from CIDA for the development of a new curriculum for basic schools of nursing, added community health nursing as a compulsory subject in the diploma curriculum. This subject was introduced to create awareness in students about the importance and approaches to assessment and implementation of health programs in the community. In some private schools, students were able to used slums in the urban areas for their practical work which prepared them to work in the villages as registered nurses. Unfortunately, there are not enough community trained teachers to supervise students in the field. The available teachers are prepared for roles in nursing education through 2 year post-RN programs at Colleges of Nursing. Traditionally, the Colleges have prepared the teachers for hospital-based nursing education and lack teachers who are qualified in community health. Therefore, the new curriculum for schools of nursing has not been implemented in most schools of nursing. Registered nurses (RNs) to date have not played a role in the primary health care model, except for selected health services in the private sector. The majority of RNs are not adequately prepared for such roles and there are hardly enough RNS for hospital-based services, including hospitals in large urban settings. The LHVs who have two years of combined midwifery and community health education, are a vital link in the PHC plan. They not only provide preventive and curative care to the population, but are also expected to train and supervise traditional birth attendants (TBA), and the community health workers, including the women health workers. TBAs are taught principles of sterile technique and midwifery for safe practice on an on-the-job basis by the LHVs. TBAs deliver 80% of the babies in

Pakistan and are now recognized as an integral part of the PHC plan.

The Study

Importance of History

History presents important information about the past and historical knowledge forms the basis of our existence. It informs us where we came from, our family background, and ultimately who we are. All of this information develops within us a sense of identity and belongingness. History is comparable to the roots of a tree; without which the emergence of leaves or fruit would be impossible. As the survival of trees remains dependent upon a strong root system for nourishment, so the development of any nursing profession depends on legacy from initial leaders its ancestors. Still, the importance of an historical perspective is not clearly known to many nurses and they need to know and study their professional development. The historical evolution of nursing is an important instrument designed to broaden the understanding of either the theoretical or practical basis underlying the profession.[13] In this manner, an historical overview helps to define the role of nurses, the status of women, the role of education and the contributions that nurses have made towards the development of the profession. The critical issues that we face today have their roots embedded in the past. An historical perspective, provides an analytical approach to the complex clinical and professional issues faced today.[14] If we neglect our past then we will be in the dilemma of having to redefine our identity, our professional stand and our responsibility within the current health care system.[15] Christy emphasized the importance of nursing history by saying, " knowledge of the past would aid understanding of problems and stimulate improvement in professional nursing". [16]

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[13] Ross Kerr J C, Nursing history at the graduate level: State of the Art, *Canadian Bulletin of the Medical History,* 11(1), (1994):229-236.

The purpose of this historical research was to undertake a beginning study of the history of nursing in Pakistan. The study was limited to general nursing even though there are three levels of nursing in Pakistan: general nursing, midwifery and lady health visitor. A thorough literature review identified a small number of articles and two books on the subject. The first book was the 1959 publication entitled "A brief history of nursing on India and Pakistan" by Alice Wilkinson.[17] The other work identified was published in 1992 in Pakistan entitled the "History of nursing in Pakistan" by Saleem,

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[14] Ross Kerr J C, Historical Nursing Research. In S M Stinson, & J C Kerr, (eds) *International Issues in Nursing Research*, Philadelphia: The Charles Press. (1986): 28-40.

[15] Church O M, Historiography in Nursing Research, Western Journal of Nursing Research, 9(2) (1987): 275-279.

[16] Christy T E, (speaker), Methodology of historical research, a cassette recording # CM 511AB. The University of Ottawa. (1983).

[17] A Wilkinson, A Brief History of Nursing in India and Pakistan. (Madras: Diocesan, 1955). (Microfishce, Rt 020004 AN 08018). 1-5
Note # 1 Miss Alice has been associated with nursing in India for more than forty years. She served in the position of Nursing Superintendent of hospital and President of the Trained Nurses Association of India from 1908-1947.

Shah, & Nagi.[18] The latter publication gives a brief overview of the development of the nursing profession in Pakistan from the time of partition until 1992. It also identified the few nursing leaders mentioned who worked for the development of the profession.

Although these resources were interesting, they did not however mention in detail the roles played by any of the nursing leaders associated with the development of the nursing profession in Pakistan. No biographies were found on these leaders which might have facilitated understanding of their past involvement and roles in the events that served to raise the status of the profession. It would be helpful to know what difficulties they faced, how they handled various situations, and how they were accepted as a women by the public and by the government. A question which arises was what strategies were used to improve the status of nursing in Pakistan. Information about the history of nursing in Pakistan from the perspectives of these leaders is essential knowledge for present and future nurses. As all of the leaders who have been identified in these sources are living today, there was an opportunity to interview them in an attempt to shed some light on the history of nursing in Pakistan. The latter has not as yet been written. The dearth of published resources provides convincing evidence of the importance of carrying out such a historical inquiry.

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[18] Saleem N, Shah S, & Nagi S, in S, Haider & S, Zakir Shah. (Eds). *History of Nursing in Pakistan*. (Islamabad: Pakistan Nursing Council), 1992. Note # 2. In November, 1991, a seminar-cum-workshop was arranged in Islamabad by nursing leaders to explore the history of nursing in Pakistan by inviting nursing leaders to share their experience. The findings of the seminar-cum-workshop was put together in the form of this book with the help of Japan International Cooperation Agency and UNICEF.

Further the importance of documenting and analyzing the growth of the profession and the problems facing it over time while it is possible to do so would seem to be critical.

The nurses of today need to be aware of the efforts of previous nursing leaders in laying the foundation of the nursing profession in order to develop an understanding of the strategies which could be used to advantage in meeting the challenges facing the profession. This will be important both for nurses in practice and for young nursing students as they will be able to recognize and appreciate the heroines and historical pathways as well as the underpinnings of the profession.

Method

An extensive literature review revealed that no prior research had addressed the study questions (Appendix A). An historical research design was selected. Oral historical methods constituted the primary means of answering the research questions. However all data applicable to the history of nursing in Pakistan was sought. An oral history approach was used to collect information about Pakistani nursing history from former nursing leaders in Pakistan, an approach which relied on the recollections of nursing leaders. Oral history interviewing is defined as a systemic collection, arrangement, preservation and publication of recorded verbatim accounts and opinions of people who were witnesses to or participants in events of interest.[19] The nursing leaders in this study were described as co-researchers. They had an opportunity to communicate directly to the researcher the events and situations in which they were involved in the past in the development of nursing in Pakistan. As such they formed a primary data source in this study.

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[19] W Moss, *Oral history program manual*, New York: Praeger publishers, (1974).

Aside from identifying the personality and the conversational style of those interviewed, oral histories provided an opportunity to probe the events in question and lead to a more in-depth analysis of data.[20] Also many authors suggested that an interview would yield great dividends. It conveys types of information which of their very nature can never be communicated in writing, that is gesture, intonation and manner will often be as important as words uttered.[21] The interview data collected from nursing leaders complemented and illuminated the data collected in the records of the nursing organizations and other written information reviewed.

Sample

Initial contact with Dr. Susan French, coordinator, Development of Women Health Professionals at the McMaster University was made to obtain the names and addresses of nursing leaders in Pakistan, as she had been working with the Canadian International Development Agency, the Aga Khan University and the Government of Pakistan since the 1970s. With her assistance permission from the Pakistan Nursing Council was gained to undertake this research.

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[20] G Safier, Research question and answer, *Nursing Research*, 25(1976): 383-385.

[21] A Seldon, & J Pappworth, *By Word of Mouth: Elite oral history*, London: Matheuen (1983)

On arrival in Karachi, an information letter was mailed (Appendix B) and calls were made to the nursing leaders to inform them about the purpose of the research and to learn from them the time period when they were in leadership positions. For this study leaders were sought from pre-partition to the present time period (partition took place in 1947). A nursing faculty member Ms. Laila Gulzar from the Aga Khan University assisted the researcher in searching and locating the desired nursing leaders. Interestingly those nursing leaders who agreed to participate were from three of the four provinces of Pakistan which was one of the aims, to gather information from all over Pakistan. With their agreement the date and time of the interview was set.

The co-researchers included formerly or currently held the following positions: Vice-President of the Pakistan Nursing Council, President or Secretary of the Pakistan Nurses Federation, Nursing Advisor, Chief Nursing Superintendent, Director of the Armed Forces Nursing Services, and Principal of one of the Colleges of Nursing. An assessment of the capabilities of these leaders to provide accurate information of their past experiences was obtained from those with knowledge of the co-researchers. The involvement of co-researchers in the study depended on their willingness to consent to participate. The group comprised ten nursing leaders who satisfied all the above inclusion criteria.

Data Collection

After obtaining written consent from the Pakistan Nursing Council (PNC) and the co-researchers, a date and time was set such as to allow them to prepare for an interview. Arrangements pertaining to the interview were made by telephone call for some and in person for others in order to establish a preliminary sense of rapport. This also provided additional information needed. The setting for the interview was arranged according to the wishes of the co-researchers. The researcher utilized semi-structured, open-ended interviews as the primary means of the data collection. The interview employed an inductive approach, moving from a broad generalized scope to a more defined and specific focus. The interview commenced with global questions designed to elicit the free and in-depth expression of the co-researcher's perceptions. Probing questions were employed to substantiate and elaborate upon responses while guiding the co-researchers in discussing their areas of special interest. The interview lasted for approximately sixty to seventy minutes.

The interviews were audiotaped and transcribed verbatim (in Karachi) by the researcher. The researcher reviewed the taped interviews while cross referencing them with the typed transcripts. This ensured the systematic consistency of the transcription process and enabled the researcher to gain more comprehensive understanding of the data.

In addition to the interviews, permission was obtained from the Registrar of the Pakistan Nursing Council and the Pakistan Nurses Federation to allow the researcher to review written official documents such as correspondence, minutes of meetings, files, records and issues of the journal "The Pakistan Nursing and Health Review", which was published by the Pakistan Nurses Federation. Fortunately, the PNC had recently started work on establishing its archives with the help of funds and assistance from CIDA. At the present, they had completed arranging the minutes of the PNC meetings. Thus, the researcher was able to go through most of the PNC meetings minutes from 1948-1975 and to make copies of the desired ones with the permission of the Registrar. As there was no permanent office for the PNF, it was difficult to get copies of the professional journal. However, the individual co-researchers were able to assist with this and a number of copies were provided for the researcher to review and photocopy in some cases. In addition to that a number of papers written by nursing leaders were found. The written documents helped a great deal to corroborate the oral interviews and shed light on developments in nursing, the issues before the profession, and the status of nursing profession during that period of time.

Given a number if civil disruptions which occurred during the data collection phase as well as problems of lack of library resources such as journals and manuscripts, many difficulties were experienced by the researcher in collecting the data. Also restricted finances meant that necessary travel was difficult and at times dangerous.

External Criticism

The aim of external criticism rests upon the establishment of an accurate text which will prevent the researcher from using false evidence. The aim is to develop an accurate investigation regarding what, where, when, why, and by whom thereby creating a trustworthy historical story.[22][23] External criticism ensures the avoidance of "forgeries, garbled document, partial text, plagiarism, ghost writers, interpolations."[24] Thus, it deals with accidental and intentional errors. In this manner, it resembles a very complex, difficult and engaging process. External criticism was enhanced by the use of primary sources such as interviews and papers and articles written by nurses in the journal. It was important to ascertain validity before assessing the reliability of the document. To corroborate the oral history materials, data were collected by reviewing articles in the journal "*The Pakistan Nursing and Health Review*" which was written and published by PNF during the 1960s-1980s. In addition, the minutes of the PNC meetings were reviewed.

Internal Criticism

Internal criticism or reliability determines the meaning and the value or credibility of statements.[25] Primary sources proved to be the most reliable in verifying the accuracy of the various statements. Researchers need to validate whether the statement is a fact, a probability, or a possibility.[18] A primary source such as interviewing leaders, papers written by the nurses and PNC meeting minutes were corroborated with the reports prepared on nursing for funding agencies, and interviewing someone other than nursing leaders. That accorded statements, the element of probability, and without it only possible statements are made. Statements bearing only probable truth are the weakest of all. In order for information to actually be classified as factual, two independent primary sources must support the statement. Consequently, it becomes more difficult to establish fact.[26]

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[22] R J Shafer, *A guide to the historical method*, 3rd ed. California: Wadsworth (1980).

[23] T E Christy, The methodology of historical research: A brief introduction, *Nursing Research,* 24(1975): 189-192.

[24] Ibid., 190.

Ethics

Participation in this study was voluntary. The co-researchers indicated their willingness to participate by signing the consent form (Appendix C). They were free to refuse to participate. If a co-researcher agreed to participate but did not want to say something at some point, her wish was respected. The researcher explained the nature of the study and her role in it. The co-researchers were aware of their right to withdraw from the study at any time by informing the researcher. Confidentiality was respected if the co-researcher said something and wanted to omit it later and the data were kept under strict security. Written transcriptions of the interviews were sent for review to nine co-researchers, and out of that three were returned with some comments. There were no known risks to participation in this study. However, the profession of nursing and Pakistan will benefit from the results of the investigation.

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[25] L K Glass, Historical Research. In P. J. Brink & M. J. Wood, eds., *Advanced Design in Nursing Research*, Newbury Park:Sage Publication, (1989): 183-200.

[26] Christy., 1975, 190.

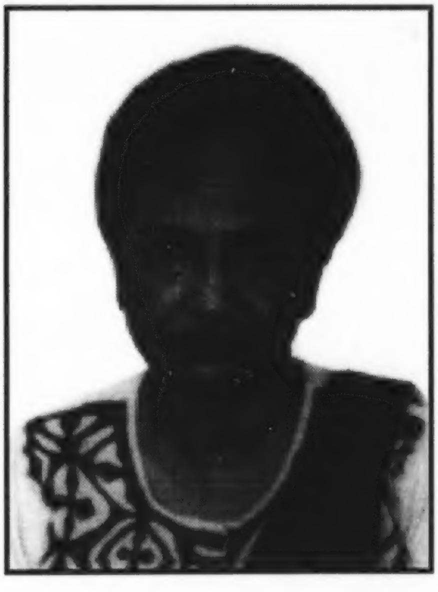
The nursing leaders who participated as co-researchers were: (Figure 1.2)

- Ms. Wazir Begum, Principal Mursheed Hospital, School of Nursing, Karachi.
- Mrs. Kaneez Mowla, Principal of Liaquat National Hospital, School of Nursing, Karachi.
- Mrs. Amtul Anis, Principal of Islamic Mission Hospital, School of Nursing and President of PNF, Karachi.
- Mrs. Imtiaz Kamal, Nursing Consultant with Pathfinder International, (United States based donor agency for the promotion of family planning) Karachi.
- Mr. Mushtaq Ahmed, Principal Ziauddin Hospital, School of Nursing, Karachi.
- Ms. Moolchand, Matron of Family Welfare Association, Lahore.
- Mrs. Nisab Akhtar, Secretary PNF, Lahore.
- Mrs. Khatija Mushtaq, Principal Shaikh Zaid Hospital, School of Nursing, Lahore.
- Rt. Brigadier Nusrat Jehan, Armed Forces Nursing Services, Rawalpindi.
- Mrs. Faiz Alam Zaib, Vice-president PNC, and Principal of Hayat Shaheed Hospital, College of Nursing, Peshawer.

Figure 1.2 Nursing Leaders Interviewed

Mrs. Khatija Mushtaq

Brigadier Nusrat Jehan



Mrs. Imtiaz Kamal

Mr. Mushtaq Ahmed

Mrs. Nisab Akhter

Mrs. Amtul Anis

Mrs. Faiz Alam Zaib

Miss Wazir Begum

Miss Moolchand

Mrs. Kaneez Mowla

Chapter II

The Status of Women in Pakistan

Historically men and women have been assigned specific roles and responsibilities in society. These have been important in Pakistan's culture. Women symbolized fertility, as they gave birth and were responsible for all aspects of child rearing. Caring for ill children was necessary as illnesses were included in growth and growing up so women were also given responsibility for looking after the sick. Thus, women were seen to be responsible for maintenance and continuity of life in general. On the other hand men were thought to be physically sound, and were given responsibility for protecting women and children and providing food and shelter for them. This meant that economically women were dependent on men and their work of caring at home was not accorded any importance or priority over work of men who were acting as breadwinners of families.[1] This gender biased expectation of women, who were dependent on men, has been passed on from one generation to the next. This is carried to such lengths that births of baby boys were valued more highly than those of baby girls. This may be explained in economic terms by the fact that when boys grew up, they earned money and provided protection for the whole family. In the same context, boys were also given privileges over girls in terms of education, because it was seen to be essential that they had the skills to go out and earn a living. Girls were kept home to learn household chores and help their mothers in taking care of the family, roles that were seen to befit women.

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[1] Colliere M F, "Invisible care and invisible women as health care-providers" *International Journal of Nursing Studies*, 23(2), (1986):96.

With the passage of time and new trends in society, girls in urban areas were sent to school to give them exposure, however brief, to education so they could be of help in bringing up children. (table 2.1). However, they were not allowed to go on for further education and in this, Pakistan was similar to other Muslim countries. In addition to grade ten education, girls were given lessons in Arabic in order to be able to read and understand The Holy Quran and teach their children in the process of their development. The national female literacy rate of 18%, and primary school enrolment of 35% for women is a contributing factor to continuation of these traditions.[2] According to the demographic survey report 1990-1991, "men are 50 percent more likely than women to have attended only primary school, twice as likely to have attended middle school without going on to secondary school, and 2.3 times as likely to have attended secondary school or higher education."[3] Socially girls were not allowed to mix with boys as it was thought that if a young girl and a boy are left alone they will definitely engage in a sexual relationship. Therefore in all Muslim countries including Pakistan, at present there have been separate schools for boys and girls. This view of how education should be conducted has led to the closure of a coeducational nursing school simply because men and women were enrolled and studying together. However, co-education continued in Universities and medical colleges, which seemed unfair to Ms. Warkentin and she brought this issue in Pakistan

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[2] Rukanuddin et.al ., 29.

[3] Ibid., 24.

Nursing Council meetings many times but to no avail.[4] For similar reasons, girls were asked to cover themselves properly to avoid attracting men. The Holy Quran demanded that women dress gracefully. Many different interpretations were given by learned people for covering the body. Some would say that a woman had to cover her body, and others imposed the covering of whole body including the face. Thus, the Holy Quran was interpreted as it suited the state or society of the time. To follow accepted Principles in Pakistani society, women had to wear a "chador" (a long sheet of cloth to cover her body) whenever they went out of their homes. This was compulsory for all school and college age girls. Therefore, the security of girls was a great concern for parents and they were thus never left alone, always being accompanied by their brothers or fathers when they went out.

Table 2.1 Literacy Rate of Pakistan by Sex 1951-1991

Year	Male	Female
1951	25.3	11.7
1961	23.2	7.4
1971	30.2	11.6
1981	35.1	16.0
1991	35.0	18.0

Modified from two sources: Rukanuddin R A & Ahmed T, "Pakistan Demographic and Health Survey, 1990-1991." National Institute of Population Studies (NIPS). Islamabad. And, World Conference of the United Nations Decade for Women: 1975-1985. Equality, Development and Peace, Nairobi-Kenya July 15-26, 1985. Pakistan (country paper).

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[4] Warkentin W, taped interview on 26th August 1996. Brandon, Winnipeg. 7.
Note #1. Ms Winifred Warkentin was the first Director of the Aga Khan School of Nursing, Karachi from the period of 1979-89. Currently Ms Warkentin is the faculty member at the University of Manitoba, Brandon General Hospital Baccalaureate Program.

The sense of insecurity about young girls was a major contributing factor to early marriage in Muslim families.[5] Also, in Islam it was undesirable for a person to remain single. This was more so for women than for men. The single woman faces a great deal of criticism in society. The negative view of the single woman centres on the fact that either she is of bad character and does not want to reveal her relations, or she is very rich and able to live her life all alone. This made it impossible not to get married, and women were forced into early marriages at an average age of fifteen to nineteen years. Ninety percent of these marriages would be arranged by the parents, so that before marriage the father would make decisions for his daughter, and as soon as she was married, her husband became the person who made those decisions. The role and status of traditional Pakistani women is best described by Lewin as, "Humanity is male and man defines women not in herself but as relative to him...she is incidental, the inessential as opposed to the essential. He is the Subject, he is the Absolute-she is the other."[6] This view is supported by Ms. Norton, "A woman's ultimate status is within a social framework that is derived exclusively from her ability to meet societal and family expectations."[7]

As stated above, historically women have been accorded relatively low status in Pakistan society. Therefore, anything associated with women was also seen as having a lower status or level of prestige. Caring has been ascribed to the female role, which is seen as an ordinary activity not requiring special skills. Since caring is the basis of nursing and since a majority of the practitioners are women, this explains in large part the low status accorded to the profession. Even though nurses have been working hard for four decades to raise the status of women in Pakistan, until now they have not been successful because of the necessity for altruism and the powerlessness attached to the female role. Male dominance is a problem for women in every society, but nurses have special problems in this respect. In western countries where there are more nurses than physicians this description given by Valentine suggests male dominance, "Even though nurses make up the largest component of the workers in the health care system, male physicians and administrators still hold the reins of power."[8] Thus male dominance in the health professions is firmly rooted in both history and politics. Ms Moolchand in her interview stated that during her period as superintendent and chief superintendent of Lahore hospital, she faced many barriers imposed by medical superintendents and Government officials who interfered with nursing decisions and were attempting to break the discipline in the process. At times she was successful and at other times she had to face failure, a frustrating situation for her. However, she philosophically accepted this, stating that "this is part of politics."[9] A similar experience during her leadership period was shared by Mrs Faiz. She wanted to introduce some changes in teaching and management styles in schools of nursing, changes which were not acceptable to the medical superintendent who feared losing his power over nurses. Therefore he refused to allow introduction of the change. Mrs. Faiz resigned as she could not tolerate being thwarted by continual obstacles to advancing nursing education. Therefore a new matron was hired to perform the same stereotyped role.[10] At times, in addition to the problems created by male physicians and administrators, women also created problems and introduced barriers to prevent their female colleagues from making improvements in nursing education.

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[5] Warkentin., 3

[6] Lewin E, "Feminist ideology and the meaning of the nursing" *Catalyst 10/11* (1977): 78-102.

[7] Norton., 59.

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[8] Valentine P E, "Feminism: A four letter word", *The Canadian Nurse* 88(11) (1992): 20-23.

[9] Chand. M. Interview by Hemani H. February 11, 1996, Interview # 7 transcript. Family Welfare Association, Lahore. 3.

In the Army, nurses also faced problems because they were women. Brigadier Nusrat said that in Islam men and women were equal, but that principle was not implemented in any of the professions, especially the health professions. She added that in the Army, women could only reach the post of Brigadier, whereas men had the opportunity to attain the highest rank in the Army, that of General. No nurse or even a female physician has ever been accorded the rank of General in the history of the Armed Forces. The major barrier is clearly that of gender. Women's abilities and potential have always been underestimated.

Women have never been given a status of their own as individuals and have always been referred to as someone's wife, sister, daughter or mother. Mrs Imtiaz Kamal shared the same kind of experience in one of her papers:[11]

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[10] Zaib. F, Interview by Hemani H. February 3, 1996, Interview # 5 transcript. Hayat Shaheed Hospital, Peshawer. 4.

[11] Kamal I, *Self Image of a Nurse*, Paper presented in a symposium at the college of nursing, JPMC, Karachi. 1970.

> My first appointment was as a staff nurse in one of the Government hospitals. I reported to the medical superintendent who sat in his chair, kept me in standing while he signed a few papers then fired questions at me in a tone that I would not exactly call polite. I tried to remain self composed but it was becoming more difficult every minute. Then I gave him my letter of appointment. It had my husband's office address as the return address. His tone changed quickly. "Are you Mrs. Kamal?" He again looked at the address as if he had not believed what he saw the first time. "Please sit down". I said, "No thank you sir. I have been standing here as a nurse for the last ten minutes and you did not offer me a seat. Now that you knew whose wife I am you are asking me to sit down." He tried to patch up, "but you are like my daughter-in-law. Your father-in-law is a very good friend of mine." That should not make any difference I thought and wanted to tell him that. But I was too choked to speak. I came home very depressed.

Not only did people in the health care system look down on nursing, but also those from outside the system demonstrated similar attitudes. Mrs. Kamal emphasized that wherever she went she introduced herself as a nurse and her friends "turned cold" and to raise her status in the public, they would tell people, "she is more than a nurse, or she is the wife of ......, and daughter of ...." However, she always wanted to go alone without reference to anybody. This was true in other areas as well as Ellen indicated in one of her articles. At a party she was introduced as "almost a doctor" by a friend who was a lawyer. This she protested and clarified that she was a nurse.[12] "It is disheartening to see negative attitudes of people towards nursing and nurses as person" said Brigadier Nusrat. She added that marriage proposals for girls had on occasion been refused simply because they were nurses. Very few people recognize and respect nurses or the nursing profession. Likewise, they feel no pride in marrying nurses and in giving them their proper respect and status in society.

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[12] Ellen D B, "Even her feminist friends see her a 'only' a nurse", *International Herald Tribune*, February 27, 1991.

Overall, the role and status of women in Pakistan varied greatly depending on their class status. Lower and some middle-class women fit very well into the scenario discussed above. However some middle class and upper class women were privileged to acquire as much education as they wanted in whatever field. Like men, women were also looking for higher status occupations. Usually they chose medicine, law, business, and some also entered government service and worked successfully with male government officials. However, the fact remained that the life of women in each class was governed by a patriarchal system in which they had no input and over which they had no control.[13]

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[13] French S E, Watters D, & Matthews D R, Nursing as a career choice for women in Pakistan, *Journal of Advanced Nursing,* 19 (1994): 140-141.
Note # 2. Dr. French is the Coordinator of the Development of Women Health Professionals: Nurses and Lady Health Visitors Program, a CIDA-funded program to assist the federal and provincial governments of Pakistan to reform their system of nursing. McMaster University and the Aga Khan University, in partnership are managing the program.

Chapter III

Historical Background of Nursing

Nursing is as ancient as human civilization. Women have nursed the sick and wounded in and out of their homes from the earliest times, and people throughout history have been cared for by nurses during periods of illness. Without such care, many would not have survived serious illnesses. Indian nursing history can be traced back to 1500 B.C. and is enveloped in ancient Hindu mythology. It was believed that diseases occurred as a result of the evils and that the only treatment to get rid of demons was by using spells and charms. This Hindu practice of medicine is found in the writings of "Atharvaveda." Brahmans, who were the scholars and members of the Priesthood, took over the practice of medicine in 700 B.C. Consequently, in the period between 700-600 B.C., this group was instrumental in the construction of hospitals. Susrata introduced the practice of surgery and sterile technique in operating theatres. He and Charaka, another famous physician, were the leading authorities in the ancient Hindu system, "the Ayurveda" (the science of life). They emphasized preventing disease rather than curing it. The books of Ayurveda cover not only medical knowledge, but also nursing practice. They defined a nurse as a person who prepared and administered drugs, who was devoted to patients and who demonstrated purity of mind and the body. Susrata suggested that cure depended on ideal relations between four elements, namely doctors, patients, nurses and medicine.[1] Certainly they did not have the concept of germ theory but they had ideas about cleanliness, what to eat, how long to cook, preserving meat with spices, practices which have contributed a great deal in health care and are still going on today in every culture and society.[2]

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[1] Wilkinson., 1-5

Nursing in Islam started from the beginnings of the religion. The whole ideology of Islam is based on the concept of service to mankind. Islamic history is full of scientists and physicians who invented many scientific instruments and medicines for the cure of the sick. At the same time female nurses played vital roles during the Holy wars by actually going to the battlefield and providing wounded soldiers with first aid and emergency treatment for their wounds and injuries. Islamic history has an inspiring example in Asma Binte Umais who nursed and cared for the wounded in the famous battles of Uhad and Badr. Also, misery and pain were alleviated when psychological and emotional supports were given to Muslim soldiers.[3] Many large hospitals were built between the 10th and 13th Century in Marakesh, Tunisia, Egypt and Baghdad. After the 13th Century, Islamic leadership in the hospitals was lost and significant declines in the quality of care occurred.[4]

In the middle ages Augustinian sisters were the first group to provide organized nursing services to the people. However, in the 16th century the image of the nursing profession was negatively influenced significantly when the Catholic monasteries were attacked in Protestant countries. Organized nursing provided by the Catholic sisterhoods was no longer available due to the advent of Protestantism. This era is called the "Dark period" when nursing was provided by dishonourable women in society. Nurses worked for long hours and no training was required to secure positions as nurses. In addition to caring for patients, they were expected to perform household chores in hospitals such as washing and cleaning. This period lasted until the middle of the 19th century, when after a long gap, modern nursing was introduced by the great leader Florence Nightingale and gained a high profile as a result of her work with wounded British soldiers during the Crimean war (1854-56). Through her efforts, respect for the nursing profession was regained. Nightingale focused on maintenance of a clean, hygienic environment, clean water, proper medication, mobility and good nutrition. She is also considered the first nurse researcher, a quantitative researcher as she gathered data related to the care of the British soldiers which was later on used to improve the environmental condition for the soldiers.[5]

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[2] Warkentin., 2.

[3] Tareen S, *Nursing in Pakistan. A survey*, Paper presented at WHO International Nursing Seminar, 1960. 1-2.

[4] Montague. J. "Hospitals in the Muslims near East. A Historical Overview," in *The Aga Khan Health Services International Newsletter* No. 25, April 1986. p 7.

Nightingale believed in prevention rather than cure, so she also strove to educate patients about disease process in order that they could prevent recurrences. At the same time she believed it was important to educate nurses because they were able to teach patients effectively since they were with them throughout their hospital experience. In 1860, Florence Nightingale established a School of Nursing in London in association with St. Thomas's hospital. This school offered the first formal educational program to prepare students as nurses.[6] In 1860 training for midwives was initiated by the Government of the Indian subcontinent. Gradually British nursing sisters were posted to different civil hospitals and the first nursing school in West Pakistan opened at the Mayo hospital Lahore in 1884.[7] Thus nursing has undergone many changes in every area throughout its history. Advances in knowledge have been made in the fields of education and service both in hospitals and in the community. Nurses have played vital roles in these advances and have served the profession well in Pakistan as elsewhere in the world.

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[5] Warkentin., 4

Pre- Partition Status of Nursing

Even though the history of nursing in Pakistan existed long ago in ancient times, its immediate history can be traced from the British rule in India prior to independence when Pakistan was part of India. During that time admissions to nursing were exclusively reserved for Anglo-Indian and European girls, and thus both Hindus and Muslims were prevented from enrolling in nursing programs. A primary reason for this policy was prohibition by their own culture. The caste prohibitions among Hindus, especially Brahmins, the upper religious class, promoted the belief that touching or coming in contact with any physical thing which was not hygienic was forbidden for them. This made nursing an undesirable profession for this large and influential group of people.[8] Among

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[6] Kozier B. & Erb G, Transitions to Professional Nursing: Professional Nursing Practice. In *Concepts and Issues in Nursing Practice* (Addison-Wesley, Menlo-Park: California, (1988), 22-24.

[7] Tareen, 1960. 2.

[8] Alice., 5.

Muslims, nursing was also unacceptable because of the purdah system. A further reason was the negative attitude of the British nursing sisters towards both Hindu and Muslim nurses emerging from a belief that girls from restricted cultures could not make good nurses.[9] The first Indian student was not admitted to the nursing training school until 1934, fifty years after the training program was started.[10]

During the period from 1943-46, a study was conducted to examine the reasons for lack of interest in nursing by girls from educated families. The reasons identified in the study were that families did not want their daughters to enter the profession because of low pay scales, poor hygienic conditions, absence of recreational and cultural conditions and lack of pensions. Thus hospitals remained understaffed and the status of the profession continued to be low.[11] However, in spite of the above conditions, those Indian or Muslim girls who wanted to enter the profession were refused entry by the matrons because they came from low socioeconomic and purdah- observing families and they believed these girls would not make good nurses.[12] In contrast, nursing training schools attached to the mission hospitals encouraged girls who were nationals of the country to enter the schools. The majority of the students entering these schools were Hindu Christians from lower socio economic groups who had been converted to Christianity.[13] Those who were granted admission got jobs, and because of their low socioeconomic status, they remained as staff-nurses throughout their nursing career. For many of the same reasons, they were never considered for promotion to higher positions. Generally these positions were held by British nurses who were brought to India for a period of time on a contract basis.[14] [15] (Table 3.1).

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[9] Tareen., 1960. 2.
Note # 2. ***Purdah*** in the Muslim religion means modesty of dress for both men and women. The Holy Quran directs women not to display their beauty and ornaments in front of strangers. Therefore whenever they come out of their house they are obliged to cover their body with a veil.

[10] Egan. A. S, *Report of the Project College of Nursing (Nursing Education and Facilities)*. Report prepared under the terms of an agreement between The US Agency for International Development and The Government of Pakistan Ministry of Health, Sept 1955- June 1966, 3.

[11] Egan., 3

Table 3.1. Status of Health professionals in British India from 1931-41

Health professionals	**Numbers**	**Ratio to population of 300 millions**
Physicians	47,000	1: 6,300
Nurses	7,000	1: 43,000
Health Visitors	750	1: 400,000
Midwives	5,000	1: 60,000

There was one bed for every 4000 population as compared to 1:100 in the United States and England
Modified from: Egan. A. Shirley, Report of the Project College of Nursing USAID, 1966.

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[12] Tareen., 1960. 2.

[13] Ibid., 3.

[14] Ibid., 2-3

[15] Egan., 5.

Mission Hospitals

Religion played a major role in the history of nursing in the Indian sub-continent as Mission hospitals were the only hospitals to accept Indian girls for training. Their institutions supported the Christian mission, and in the beginning, each hospital was independent of the others, and operated under a system of policies determined by their superintendents. Gradually it was decided to organize the systematic training of nurses in Northern India and the first program started in 1872. In 1907 a great number of qualified nurses were recruited from abroad and assumed positions as nursing superintendents. As a result of their efforts, a new board for admissions was established, and also standards of training and a proposed curriculum and examinations were outlined for mission hospitals. Civil hospitals also adopted these standards. With the passage of time, mission hospitals increased in number, so much so that most states of India and provinces of Pakistan had a mission hospital and an associated school of nursing.[16] The Holy Family Hospitals and Seventh Day Adventist Hospitals in different parts of Pakistan are still providing services to the population. In her interview, Ms. Warkentin said that she remembered the speech of Mrs. Ghandi in India, in which she emphasized that they owe a tremendous debt to the religious communities with reference to the schools, to the schools of nursing, hospitals and health care centres they established to serve the population. [17]

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[16] Alice., 31-47.

[17] Warkentin., 4.

Military Nursing:

In 1664 a few hospitals were established with some attendants to care for wounded and ill soldiers, and for the first time in 1888, ten qualified, certificated nursing sisters from London were hired by the British government of India and sent to different parts of India to lay the foundation for military hospitals in the country. When they reached India, they felt the need to train male nursing attendants to help them carry out routine ward activities. These male attendants were stationed with the nursing sisters to receive the necessary training and after a program of regular attendance for two months they received a certificate. This gave an official status to the male attendants and attracted many others to join. In 1914 nurses were recruited by the Queen Alexandra's Military Nursing Services for India, and they received permanent status as the Indian Military Nursing Services (INMS) in 1927. Although the organization developed slowly, during the Second World War they emerged with a full complement of independent nursing services.[18]

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[18] Alice., 6-13.

Nursing Organizations Pre-Partition

In 1905, a few nursing superintendents formed a nursing organization with the aim of bringing all the nurses together in one group to work for the dignity and honour of the profession. Though at first it was very small, this movement had a very far reaching effect upon the development of nursing throughout the whole sub-continent. The organization was called the "Association of Nursing Superintendents of India." This Association grew rapidly and those who initiated it were able to see improvements in nursing education and hospital management. In 1908 a second association was formed called "The Trained Nurses Association of India" (TNAI). At first the same officers held the executive offices in both organizations, but gradually as the membership increased, each organization developed a separate executive. These two organizations worked independently for twelve years and finally combined their efforts in one organization called The Trained Nurses' Association of India (TNAI). At the outset, the Secretary of the TNAI served on honorary basis by virtue of office as the Superintendent of the Hospital. Thus, this individual held full-time responsibility for operation of the hospital along with that of the Association. As the organization grew and developed, the need to hire a full-time secretary to keep up the pace of the work in the growing organization was felt. It was decided to hire a qualified individual from England to serve in this capacity, and through her efforts, members began to take a keen interest in activities of the Association. At this time as well, membership numbers began to increase markedly.[19]

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[19] Alice., 82-83.

Some of the achievements of the TNAI included upgrading and maintaining the standard of the nursing profession. The TNAI gave the advice of the profession on regulatory standards. They urged that nursing superintendents should be in charge of the selection, admission and dismissal of any nursing candidates, that the nurses registration council should have a majority of nurses as members, and that the Registrar should be a fully trained certificated nurse. [20] To maintain the uniformity in training and examinations, Nurse Registration Councils were subsequently established in many states. In 1903 a proposal for establishing the formal Registration Council for the country was proposed by Government. The Registration Council proposal was approved in 1909 and began its operations in 1910. The Registration Council issued the registration certificates of nurses and midwives who qualified under the system. At first only a few hospitals in the Punjab, Utar Pardesh and Bihar joined, but very soon the number increased and hospitals in the North West Frontier Province (NWFP), Sind and Bengal were included. Gradually co-ordination of training was extended throughout North and South India.[21]

After the establishment of TNAI and the Registration Council, the need to propagate the functions and achievements was felt and the members of the TNAI decided to publish a journal. A monthly journal named ***The Nursing Journal of India*** was first published in 1910 by the organization. It became the official organ of the Trained Nurses Association of India and included ongoing information about the work and progress of the organization. It was sent to all the members of the association as a part of the membership fees to make it popular and available for their use.[22]

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[20] Ibid., 83.

[21] Ibid., 87-88

With the publication of the professional journal, the TNAI became recognized nationally and now there was a need to be known and recognized internationally. Opportunities to share their experiences, knowledge and be exposed to developments in other countries were created by the development of the journal. Also, it fostered motivation in nurses to aspire to higher education in concert with international developments and thus help to raise the standards of nursing profession. International recognition would have the added effect of enhancing standards in other professions within the country. Therefore in 1912 TNAI applied for and received membership in the International Council of Nurses (ICN). It pledged itself to be a non political and non-sectarian professional body. All registered nurses who had three years of training in a school recognized by the Council were entitled to become its members.[23]

Following independence, a grave shortage of trained nurse tutors and nurse administrators to provide quality education to the student arose, and for many years thereafter the teaching of student nurses had to be carried out by nursing superintendents and sisters who already were carrying much more than full time loads. In 1941 the TNAI passed a resolution recommending that the Government should build India's first Post Graduate

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[22] Ibid., 83.

[23] Ibid., 83.

College of Nursing in Delhi. The resolution stated,

> "That this Conference of the Trained Nurses' Association of India assembled now in Delhi, January 27th to 31st, 1941, have unanimously agreed that for the more efficient training of nurses and better nursing care of patients a Post-Graduate College of Nursing is an urgent necessity. It is in the interest of India and its people that there should be facilities for the higher education of nurses and health visitors, in order that they may be fitted to become teachers of nursing and to hold responsible administrative posts, for all of which special training is necessary. We therefore urge the Government of India to take the necessary steps to provide the accommodation and give financial support and to render possible the opening of a Post-Graduate College without delay."

The school for Hospital Administration was started in 1943 in Delhi and a concurrent proposal was made to start a Bachelor of Science program in Nursing. It was decided that a four year course would be initiated at the University level in the areas of nursing practice, public health and midwifery. This proposal was approved in 1946 and was a achievement for The TNAI.[24]

The TNAI worked very hard to develop the Central Nursing Council for India and Pakistan. Although the Registration Councils were working for different states and provinces on an individual basis, the TNAP wanted to establish uniform standards of training and certificate programs throughout the country for nurses, midwives, and health visitors and for that they wished a Council to oversee this responsibility. It was due to the continuing efforts and hard work of the Health Minister of India, Rajkumari Amrit Kaur, that The Act to constitute the Indian Nursing Council was passed in 1947. At the same time a similar act was passed in the legislature of Pakistan and The Central Nursing

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[24] Alice., 53-56,

Council of Pakistan (CNC) was constituted in 1949.[25] CNC consisted of 33 members of whom 9 were nurses, 3 were midwives and one was a lady health visitor. This body began to function in 1949.[26] (Table 3.2).

Table 3.2

Summary of Nursing Legislature Acts		
Year	Act	Reason for change
1949	Central Nursing Council Act 1949	To establish a uniform standard of training and certificate throughout the country for nurses, midwives and health visitors.
1952	Pakistan Nursing Council Act 1952	Profession was evolving and changes were needed in different areas such as reduction in nursing categories, admission criteria for nurses to name a few.
1973	Pakistan Nursing Council Act 1973	Since a great deal of achievements have been made, it was time to revise the Act. Addition such as establishment of four examination boards, addition of courses in nursing curriculum, inclusion of private schools of nursing as PNC members and enforcement of licencing and registration regulation.

Its been twenty three years since last revision and currently PNC is in process of revising the Act.

In the early 1900s health schools were opened to train and educate traditional birth attendants, midwives and health visitors to give efficient maternal and child health care. Traditional birth attendants who were called 'dais' had their experience in giving maternal and child care to the village women over a long period of time. Miss Hewlett, a missionary in Amritsar, India, felt the need to train the dais about aseptic principles and allow them to practice only under supervision. In the beginning, it was very difficult. However, Ms Hewlett worked very hard to motivate the dais to attend the classes and gave them incentives for maintaining a hygienic environment and reporting their cases to her. The system worked well and trained dais were granted certificates upon successful completion of training. Then the education and training of midwives was initiated in town and cities in order to take care of maternal and child care in hospitals in these areas. Girls were taken into the program following matriculation and following a one-year program were awarded certificates to practise.

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[25] Ibid., 91.

[26] Source of information was the minutes of the Central Nursing Council of Pakistan held in Karachi in 1949.

To give preventive care to the population a need was felt to train young women as health care workers who would visit families at home and provide preventive care. An education program nine months in length was initiated to train health workers known as Health Visitors in various Government health schools. Later this program expanded to two years in length. Students were given one year of midwifery training and then one year of general nursing with an emphasis on community health. Midwifery and Health Visitor education became as important as the general nursing program and a need was felt for advanced education. In 1951, a one year post-graduate course in public health nursing was initiated at the College of Nursing, Delhi, awarding a diploma to practice at an advanced level. The Health Visitor League, and the Midwives Association were registered under the umbrella of the TNAI. The organization also included Registered Nurses and the student nurses association.[27]

Until Pakistan got its independence in 1947, the TNAI served as the professional nursing association for the entire sub-continent. After independence, the name was changed to the Trained Nurses Association of India and Pakistan (TNAIP), as all members wanted to work under the big umbrella. It was inevitable that this arrangement would not last long because of differences of opinions and problems in smooth communication between the groups. Thus, Pakistani nurses met in 1949 under the chairmanship of Ms France, Vice-President of TNAIP and leaders like Mrs. Salma Tareen, Superintendent of Mayo Hospital, Lahore, to form an independent organization, the Trained Nursing Association for Pakistan (TNAP). The Association emerged with an initial membership of 55. The new rules and regulations for TNAP were formally adopted in 1950 at the first annual meeting of the Association. It was admitted to membership in the ICN in 1953. The purpose of this Association was to advance high ethical and professional conduct among nurses, promote their educational and professional advancement and to prepare students in order to fulfill the demands of the society and ultimately the nation. Mrs. Ismat Khanum Shah, who was the first President of TNAP, was a Lady Health Visitor (LHV) and former Principal of the Public Health School.[28] [29]

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[27] Alice., 60-64.

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[28] Alice., 86.

[29] Khan M P, *Brief History of Nursing in Pakistan.* (1989). 14.

Immediate Post-Partition Status of Nursing

Before Pakistan became an independent country, the Indian Nursing Council oversaw nursing services and education for the whole of the subcontinent. The British government made no arrangements to ensure the maintenance and continuation of the nursing service in Pakistan to follow the achievement of independence by Pakistan. In 1947, when Pakistan became independent and the colonial rule ended, the majority of non-Muslim nurses migrated to India and the British nursing sisters left for England. This left behind a handful nurses.[30] This small number of nurses were responsible for taking care of a huge number of refugees, among whom were those wounded in riots in their cities and in attacks on their caravans. Large numbers of those who were ill had chronic diseases and many brought a variety of other maladies with them. Most were suffering from varying degrees of both physical and psychological shock.[31]

It was not possible to fill the vacuum created by the abrupt and profound changes in the system with the associated loss of personnel in a day or even in a year. To compensate for the shortage of experienced and able personnel during that time of crisis, the political and administrative leaders in Pakistan appealed to the women of west Pakistan to come out to serve their sick and injured brothers and sisters. In this endeavour the influential leaders were Miss Fatima Jinnah, sister of the founder of Pakistan, and Begum Rana Liaquat Ali Khan, wife of the then Prime Minister. The other person of influence was Lieutenant-Colonel S.M.K Mallick who was then Inspector General of the Civil Hospital, Punjab. There was a good response to the call and hundreds of women left their colleges and their homes and moved into the hospitals and refugee camps to serve the nation. These women were given training in order to be able to render elementary nursing care and they worked under the supervision of qualified nurses.[32] [33]

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[30] Discrepancies were found in reports of the number of nurses left behind in Pakistan after partition. According to Khan's paper of 1989 there were 88 qualified nurses in Pakistan. Papers written by Mrs. Kamal, Mrs. Haleem and Miss Munshi, in the professional nursing journal, ***Pakistan Nursing and Health Review***, reports that Pakistan had 100 nurses at the time of independence. Egan reported that the figure was higher than 350 in East and West Pakistan.

[31] Khan.,1989. 4.

When it was found that the emergency refugee camps were going to last for a relatively long period of time, the Inspector General of the Civil Hospital, Punjab decided to initiate a program of formal training in nursing. He introduced the temporary category of nursing assistant and developed a regular nursing service in the hospitals. These nursing assistants were admitted after passing the Anglo-Vernacular middle level (grade eight level) examination. They were then given a program which was compressed into a period of two weeks. They were taught a practical course in elementary nursing procedures and then posted to the emergency hospitals. The full cost of stipends for students in this school was borne by the Provincial government. [34]

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[32] Khan., 1989. 6.

[33] Saleem, et.al. 16

[34] Khan., 1989. 5.

Both East and West Pakistan experienced a dearth of health personnel and health facilities. It was impossible to meet the needs of the huge population with the small complement of trained nursing staff available. The high incidence of epidemics and endemic diseases in the population required a much larger system than was possible with the existing resources. Also there was maldistribution of services with facilities and personnel who were concentrated in urban areas where just 25% of the population was located.[35] There was great need for facilities and personnel in the rural regions of the country.

Because of the widespread withdrawal of foreign nurses from their posts and the general dismantling of the nursing system occurring at the time of Independence, there were no schools of nursing left in operation in Pakistan. As a immediate measure the Government initiated training of nurses in those schools which had operated before the partition. The three main training institutions where nursing education was restored were Lady Reading Hospital, Peshawer; Civil Hospital, Karachi; and Mayo Hospital, Lahore. The Mayo Hospital holds the distinction of having had the only Muslim student nurse in the entire country. Of all the services which were destroyed by the partition, nursing services were the most affected and consequently, they needed a completely new orientation and a great deal of re-structuring.[36] [37]

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[35] Egan., 15.

[36] Saleem, et. al., 20

[37] Khan., 1989, 6-7.

Post Partition Status of Nursing

Schools of Nursing:

In 1948 the first new school of nursing to be established following the partition was Lahore's Sir Ganga Ram Hospital, a small private hospital with 129 general patients beds and 20 private rooms. At the time of partition this hospital was being utilized as a refugee camp. However, further to the order of Begum Rana Liaquat Ali Khan, the hospital was made ready for the patients and the building of the school of nursing was initiated. Special alternative living arrangements for the refugees were made.[38] Mrs G. M. Darrah was the first nursing tutor of this school of nursing and remained in this position until 1961. Mumtaz Painda Khan was the first nursing superintendent of this hospital and then became the chief nursing superintendent, serving until 1979. Mrs Khan, a prominent leader of the time, was a very active member of the TNAP who later became vice president and then the president of TNAP. She wrote and delivered papers about the status of nursing during the 1960s and 1970s. The first medical superintendent of this first school of nursing was Mr. Shujaat Ali who was very well respected and well known for his able administration. In 1952 the first class of seven girls completed their three years of general nursing training from this very first school of nursing of Pakistan.[39, 40] Also in 1948, another school of nursing was initiated in Karachi at Jinnah Hospital Karachi. This development was followed by the commencement of other schools of nursing in Bhawalpur, Hyderabad and

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[38] Ibid., 6.

[39] Ibid., 7.

[40] Saleem.et.al., 21.

Multan.

At the time of partition, nursing personnel were categorized in four ways:

Grade "A" nurses were fully trained in the nursing of men, women and children.

Grade "B" nurses were trained in nursing women and children.

Assistant Nurses were trained in practical nursing.

Existing Assistant Nurses were the same as the assistant nurses. [41, 42]

These categories were in place for quite some time after independence when the CNC approved a new recommendation at its 1950 meeting. It was approved that there would be only two grades of nurses, a general nurse and an assistant nurse. The admission criteria for general nursing stated that girls should be not less than 17 years of age and that preference would be given to unmarried, widowed and childless women. Candidates were to have passed eight grades of schooling and were to be able to read and write in English. For nursing assistants, the criteria were the same, except that educational qualifications were lower, and simply stipulated that students should be able to read and write Urdu. Both types of nurses could be trained in the same institution in separate classes for the period of three years, with three months of preliminary training at the beginning of the program. These provisions became part of The Legislation Act of 1952.

At the meeting of the CNC in September, 1950 it was declared that,

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[41] Ibid., 22.

[42] Khan., 1989. 13.

> The Nursing assistants after qualifying for the final examination will only be allowed to use the title of Assistant Nurse and will not undertake the nursing care of the sick except under the supervision of a fully trained nurse or a Registered Medical Practitioner.

Men were not allowed to take the nursing assistant course, but they could take up general nursing after they had passed matriculation (grade ten). An examination after the first and third year of their education was given for both categories of students. The curriculum included anatomy and physiology, medical surgical nursing, fundamentals of nursing, hygiene and sanitation.[43] In the 1950s, certificates were issued after three years of general nursing following midwifery education. Later in the 1960s, following the improvements in the nursing curriculum, certificates were superseded by diplomas.[44]

There was no fixed time for admission to schools of nursing, as there were very few student applicants to the profession. Therefore, of necessity, admission was open throughout the year. Due to an acute shortage of nurses, student nurses were treated as helpers or assistants to the staff nurses. As soon as they entered the program, students with scant or no background knowledge and supervision were sent to the wards to care for patients. In addition to the long period of duty from morning until evening, students had to attend classes, labs and lectures for two to three hours and then return to the ward for duty. That created a lot of chaos for them and it was difficult to concentrate either on patient care or on their studies and also left no time to review the learned theory. In addition, there was no weekly day off. Instead, students were granted one day off per month, giving them little time for relaxation and increasing their potential for illness. For this they were paid very low stipends as students and their work subsidized the operations of the hospital. Students were put in charge of entire wards of patients during their second and third years of training and, when on night duty, they were placed in charge with no backup. Use of students in the service area without supervision was problematic in terms of the quality of care for patients, as students did not have the background and preparation to give qualified care. These practices were detrimental to the reputation of the nursing profession as a whole. [45] [46]

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[43] Declared at the meeting of the Central Nursing Council in Karachi in September, 1950. 2-3.

[44] Anis Amtul, Interview by Hemani H. 24 December, 1995, Interview #1 transcript. Islamic Mission Hospital, Karachi. 4.

The situation in nursing education in the 1950s was also difficult. Nursing superintendents and senior staff nurses were responsible for doing most of the teaching as there were no nurses prepared beyond the basic level to teach nursing students. Ms Wazir Begum came to Pakistan from India in 1951 after completing her post-graduate courses in teaching and administration and joined Jinnah Central Hospital as its first nursing tutor. In her interview, she reported that she used to teach one class up to three times in one day. As the student nurses were on shift work around the clock including day, evening and night duty, this meant that classes had to be repeated. There were no separate lectures for first, second or third year students, and everyone had to attend all the lectures. Therefore Ms Begum made arrangements for lecture schedules for three different categories of classes; that is for first, second and third year classes. This was an important contribution to the profession. As there were no nurse tutors she arranged lectures such as anatomy and physiology and microbiology to be given by the physicians and nursing subjects such as fundamentals of nursing and ethics to be taught by the nurses.[47]

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[45] Ibid., 6.

[46] Ahmed Mushtaq, Interview by Hemani H. 23 January, 1996, Interview #3 transcript. Dr. Ziauddin Hospital, Karachi. 1.

In 1951, the World Health Organization initiated a three month long preliminary school with the help of a few nationally trained staff nurses as trainers. The aim was to teach fundamentals of nursing to students and allow them to adapt to the ward environment gradually in a separate institution before entering the school of nursing. The purpose was to avoid sudden exposure to the demands of the profession. Also it was intended to allow them a chance to understand the needs of the profession and to make decisions within that time frame about whether or not they wanted to remain in the profession. The preliminary school provided a sort of orientation to the profession for the student before joining it as a full fledged student nurse. The system appeared to work very well as the feedback from the students was positive. Also it was easier for the schools of nursing to receive students who had been exposed to the demands and expectations of the training in the preliminary course. In addition it proved to be a great relief to the scarce and overworked nursing staff at various hospitals, as it considerably reduced their work load to have students assisting them on the wards.

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[47] Begum Wazir, Interview by Hemani H. 14 January, 1996, Interview # 2 transcript. At her home in Gulberg, Karachi. 4-5.

Gradually, as the nursing education system became more formally organized, it was possible to limit the intake of classes of students to twice a year, that is April and November. After approximately three years, the WHO withdrew leaving the school in the hands of national trainers. Because of a number of unavoidable circumstances, the school had to be closed. However, the value of preliminary training had been demonstrated and this period of education was incorporated in schools of nursing. Despite the fact that it involved a lot of work for the schools, they nevertheless offered the training. By this time their resources had increased somewhat and they had more trained tutors to assist in the program. Schools were also better equipped with teaching materials provided by UNICEF which offered needed resources to assist them in continuing the preliminary training.[48] A perspective on the break in this program was given by Mrs Haleem in one of her papers written for the professional magazine in 1970. In it she stated that the preliminary program was terminated because the students did not feel comfortable in making the adjustment from the preliminary school to their own school. It was difficult for them to adjust to the new environment and teaching styles in their own school after the approach used in the preliminary program. They had good knowledge and skills to work but it took them longer to get adjusted. However, the new system of preliminary training in the home school helped to solved the problem for the students. However, the teacher's workloads remained very heavy until there were enough teachers employed by the school to carry out all of the instruction in the school.

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[48] Khan, M. Training of Nurses in Pakistan. *The Pakistan Nursing and Health Review.* 6-11. (1974).

In 1955 a draft of the revised curriculum was presented to the PNC for approval. Within the organization, the Education Committee was asked to review the document. By this time most of the applicants to nursing had achieved matriculation. Therefore, at its annual meeting in 1959, the PNC decided to upgrade the entrance educational level for registered nurses to matriculation and to grade eight for midwifery education. It was also decided to abolish the grade "B" and other nursing levels and progress with only one general nursing level, that is the level A.[49] (Table 3.3).

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[49] Minutes of the Central Nursing Council meeting, 13 May, 1959.

Table 3.3 Nursing education preparation in Pakistan

Title	Educational Preparation	Years of Preparation	Professional Definition
Registered Nurse	grade tenth and over	three years	provides basic general care to the patients in the hospital
Registered Midwife	grade tenth and over	one year	provides basic midwifery, maternal and child health care in hospital and community settings
Lady Health Visitor	grade tenth and over	two years one year general nursing and second year midwifery	provides primary health care (PHC) in community setting. Responsible for clinical teaching
Post RN	RN	two years first year education and second ward administration	management and teaching responsibilities in school and college of nursing
BScN	RN	two years with electives in education, community health and administration	management and teaching responsibilities at advanced level in school and college of nursing

Modified from Draft Clinical and Teaching Ladders PNC Career Sub-Committee Meeting Peshawer, October 10-11 and 22, 1995.

College level education in Nursing:

After the establishment of a number of schools of nursing to provide basic education, the nursing profession as well as the Government became aware of the acute shortage of trained tutors to educate students. The number of nursing students in the system was four times greater than at the time immediately following partition. At the time of partition there had been fewer than twelve nurses with advanced preparation in teaching and nursing service administration in the country. (Table 3.4). To resolve the problem, in the early 1950s consideration was given to the establishment of an institution within Pakistan which could offer a program of advanced study in the areas of administration and teaching. In 1955, a college of nursing was proposed as a Health and Sanitation Project under the office of the Director General of Health in collaboration with an agency of the Government of the United States of America, the Agency for International Development as it was then called. In 1955 the project of establishing a national post graduate education program was approved with the objective of preparing sister tutors for hospitals, schools of nursing, and health agencies throughout the country. The trained personnel were to serve as a reserve supply of nurses for the entire country and improve the quality of nursing education and nursing service. The long range objective over the period of ten years was to develop a degree program which would have sufficiently high standards to be accepted by Karachi University.

Table 3.4 Nursing Educational Facilities in Pakistan

	1947	1990
Schools of Nursing	3.0	69
Public Health Schools	-	7.0
Colleges of Nursing	*0.0*	4.0

The initial plans for the College were drawn up in consultation with Miss C.M. Grant Glass, WHO Nursing Advisor to the Ministry of Health, and Miss Virginia Arnold, Chief Nurse, International health Service, Washington. Miss Katherine Hardeman, a U.S. Nurse Education Advisor, joined the college as Principal of the College of Nursing. Miss A.

Abraham was appointed as the joint Principal. In the six months following the commencement of the College of Nursing, four Pakistani nurses were appointed as sister tutors.[50] One was Miss Wazir Begum who had returned to Pakistan after completing her Bachelor of Science in Nursing in the United States.[51] A one year program was set up which offered a combined course to prepare students in both ward administration and teaching. In 1957, the first class of seven students graduated.[52] The College was allocated temporary quarters in the Civil Hospital, Karachi. In 1959 the College was given permanent space in the Jinnah Post Graduate Medical Centre. After Miss Hardman left her post, Miss DeMara took the position as a Principal and upon her retirement in 1961, Ms Egan was appointed Principal[53] while Ms. Wazir Begum was appointed Vice-Principal. [54]

In 1959, the PNC was approached for evaluation and recognition of the program. After a few visits and observations the PNC gave approval in 1963 to the College of Nursing courses and diplomas were thus granted formal recognition. The faculty of the College and the Government recognized the need to expand and enrich the curriculum. After numerous meetings and discussions with College faculty, national nursing leaders and international consultants, a revised curriculum emerged in 1962.[55] In the new curriculum, administration and teaching were taught as two separate courses over the two year period. Ward Administration had become pre-requisite to the teaching course in year two. In order to gain admission to the College of Nursing, the candidate had to have passed the matriculation examination and be able to communicate, read and write in English. In addition candidates needed to have successfully completed general nursing registration and midwifery registration. Further they were required to have satisfactory working experience in a hospital for at least three years after becoming the registered.[56]

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[50] Egan., 21-22.

[51] Begum., 1996. 6-7

[52] Begum, Wazir. "Post-basic Nursing Education-College of Nursing, Karachi. *The Pakistan Nursing and Health Review*. (1968): 37-38.

[53] Egan., 22.

[54] Begum., 1996, 7.

In 1966 Ms Wazir Begum became the first national to be appointed Principal of the College of Nursing and she remained in this post until 1968. At this time another national, Mrs. Imtiaz Kamal, returned to Pakistan with a master's degree and became the second Principal. Admissions were taken on an annual basis and nurses from all over Pakistan were selected on the basis of merit. By 1966, a total of 134 graduates had completed training and were teaching in various schools of nursing in Pakistan. With the addition of qualified personnel, it was possible to start new schools of nursing.[57, 58] In the late 1950s funds were allotted to prepare nursing tutors of the College of Nursing for advanced practice by sending them abroad to get BSc and MSc degrees in nursing. A number of nursing leaders were given this opportunity and among these were included Ms Wazir Begum and Mrs Amtul Anis. Upon their return to Pakistan they joined the staff of the College and School of Nursing and contributed a great deal. Ms Wazir Begum mounted the administrative leadership ladder first as Joint Principal, then as Vice Principal and finally as the first national Principal of the first College of Nursing in Pakistan. While Mrs. Anis worked to improve students' clinical skills by initiating history taking, case presentations, and pre and post conferences, she also took steps to solve the ongoing problem of miscommunication among ward staff and students by encouraging students to engage in regular meetings with staff thus creating the opportunity for open communication between them. To advance the status of nurse tutors the CNC passed a resolution that only those who had passed their post RN diploma from the College of Nursing would be allowed to teach in the schools of nursing and would be awarded the title of nurse instructor along with the status that accompanied this role.[59]

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[55] Egan., 24 (discrepancy in date Khan, 1967 p. 9 writes, 1964).

[56] Ibid., 27.

[57] Egan., 27.

[58] Khan., 1989, 17.

Nursing Organization Post-Partition

The Trained Nurses Association of Pakistan

The TNAP started working on its goal of raising the social, educational and professional status of nurses. The post-partition nursing profession faced grave problems which required the immediate attention of the Government. The first problem was that of the pay scale. Before independence, nurses were employed on a contract basis and the contract had to be renewed every year. There was no job security as the contract was entered into on a strictly "Hire and fire on will" basis. The salary scales were far below those prevailing in other services. A fully qualified staff nurse following four years of intensive training received a salary of Rs. 125/- per month while a nursing sister (a qualified staff nurse with a minimum of 5 years experience) received less than Rs. 200/- per month. Members were in continuous discussions with the government to improve the status of nursing and improve renumeration given to nurses. In 1969 their efforts paid off when three members of TNAP met with the Central Health Minister about the nurses' demands. The delegation included Mrs. Khan, Mrs. Kamal and Mrs. Haleem. As a result of this meeting the Government agreed to make nursing a pensionable service and to include members in planning and policy making. At the same meeting it was announced that nurses would be upgraded from level III for clerks and accountants to levels I and II.[60] Nurses always had to make an extra effort to convince Government to consider their demands seriously. After two decades of appealing, they achieved some improvement in the status of nursing. However, it took them a long time to initiate positive action relative to their areas of concern. The fact that the nurses continuously and persistently put forward their demands and gave the government time to respond demonstrated their deep commitment to the profession in terms of raising the standards of nursing in Pakistan.

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[59] According to Mr. Mushatq's interview, the Director General Health was against the admission of men in the College of Nursing program in 1957. His application was approved in 1966 when foreign male students achieved admission.

Qualified registered nurses were not allowed to live at home as it was not appropriate for girls to walk alone during evening and night shifts. If they had lived at home, their parents would have been obliged to accompany them wherever they went. But there were families who wanted their daughters and sisters to live at home and they were prepared to provide transport for them. Because of this and because of the unsatisfactory living arrangements for nurses in the residence, senior nurses demanded a change in policy. They asked for proper and satisfactory living arrangements for those who wanted to live in the residence and liberty for those who wanted to live at home. As a result of the TNAP platform, an appeal was made to government to look into this matter as it was affecting the quality of care provided to patients in both urban and rural hospitals and health centres. If health professionals physical and psychological needs were not met they would not be able to provide appropriate care for their patients. Therefore, it was necessary for the Government and nursing managers to work to make suitable arrangements possible and to allow for flexibility. In rural areas such as the district and tehsil levels in particularly most of the health care facilities were operated by untrained personnel from the same community as none of the trained personnel were willing to move there because of lack of housing and other facilities. In addition, they asked for proper living arrangements for single nurses and family quarters for married nurses so they could be with their families since living with the family was a priority for the culture. The TNAP got permission after a very long time for qualified nurses to live at home, but the matter of unsatisfactory living conditions remained unattended.[61]

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[60] Khan., 1989, 18.

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[61] Tareen S, Address presented for Minister of Health, Government of Pakistan at the inauguration of 13th Annual Conference of the Association on 23 November 1964, 8.

Men in Nursing

From the time that Pakistan gained its independence, male nurses had not been well accepted. In the first place, there were only three schools of nursing which accepted male students. These were the Lady Reading Hospital, Peshawer, the Civil Hospital, Karachi and the Good Shepard Hospital, Quetta. The only reason these hospitals accepted male students was that girls from these areas were more restricted in what they were allowed to do than those in other parts of Pakistan. Because girls were not permitted to study or work outside the home, in this area men were tolerated in the nursing work environment as there was a desperate need for nurses. In his interview, Mr. Mushtaq suggested that male nurses were trained purely and simply because women were not available. This conclusion was corroborated by the fact that as soon as women began to enter the profession, male nursing education was terminated. In March 1950, the TNAP put forward a proposal to the CNC containing the recommendation that male nurses be employed in government hospitals and provided with the same status, housing and pay allowance as female nurses. The basis of this recommendation was elimination of discrimination against men in nursing since male nurses were not allowed to practice in government hospitals and they were also paid less than the female nurses in private practice. However, the need to educate male nurses because of too few women entering the profession remained and became more urgent throughout the 1970s. The Nursing Advisor put forward the recommendation from the nurses of North West Frontier Province, in order to recruit from a wider range of possible students. It was especially necessary for the area of the North West Frontier Province and Baluchistan where they could not recruit enough young women to enter nursing.[62] According to the 1989 data, there were 66 male nurses out of 6,389 nurses in the country and were all in Baluchistan and North West Frontier Province. Out of 66, no one was teaching and only four were at the nurse manager level.[63]

Mr. Mushtaq also expressed that,

> "[he] knew nursing is a female profession and is dominated by females all over the world and that men were facing the problem in the west too. But there were certain departments for which men were suitable and also they were needed for cultural reasons too."

Unfortunately, there were very few schools of nursing which gave admission to male nurses in diploma programs nor did the Colleges of nursing allow male admissions. When the first College of Nursing was initiated in 1955 in Karachi, male nurses were not given admission as Mr. Mushtaq tried many times to enter the program. After ten years, that is in 1966, he heard that some Nigerian male nurses were studying in the College of Nursing. He again put forward his application and finally was admitted to the program. Also, as discussed above, male nurses were paid Rs 50/- less as a subsistence allowance than women. In addition, opportunities for promotions to higher posts such as supervisor, controller of the examination were also restricted until 1970 when, after long arguments with the Government and the PNC, they succeeded. In 1973 Mr. Mushtaq thus became the first male controller of the Sind nurses Examination Board and worked very hard to bring it up to the appropriate standard from the lower level at which it had been. Mr. Mushtaq added that currently the PNC has changed its policy of appointing male nurses to higher positions as they did not want to hire a male nurse from Quetta as controller of the examinations. To him, this decision seemed to represent once again discrimination against male nurses in a female dominated profession. This is because co-education and hiring of males is treated equally in University and medical colleges, said by Ms Warkentin in one of the PNC meetings. [64]

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[62] Information on male nursing history was found in notes of the meeting of the CNC in 1950 and 1973: a letter of consideration from Nursing Advisor Mrs. Kaneez Mowla in 1976; and in the interview of Mr. Mushtaq Ahmed by H. Hemani in 1996.

[63] WB, 1993. 64 cited in French., 49.

The Central Nursing Council

The Central Nursing Council (CNC) was established in 1949. Before independence, an Indian Nursing Council with the help of the Provincial Nursing Council and Midwives Boards was responsible for the whole of the sub-continent. At the time of partition the areas which had been under the jurisdiction of the Punjab Nursing Council came under the jurisdiction of Pakistan. In addition Sind and the North West Frontier Province had their own Nursing Council. As per the CNC Act 1949, The Director General, Health, Government of Pakistan, by virtue of his post was named the Chairman of this Council. There were 33 members consisting of eminent doctors, educators, nurses, midwives, and lady health visitors representing the respective segments of the profession. A member of the TNAP was also elected as a member to look after the interests of nursing services. It was recommended that the tenure of all nominated and elected members would be three years. The PNC was established through Government of Pakistan legislation and is the national regulatory body for nursing. Lt. Col. M. Jaffer and Sister. S. Ansari were elected as the first President and Vice-President of the CNC of Pakistan.[65] In the same year the Punjab, Sind and the North West Frontier Province Nursing Councils were reorganized in terms of their operations. They were given responsibility for developing rules for the admission, training, examination and presentation of diplomas. Mrs. Tiffany May became the first registrar of the Punjab Nursing Council. In 1952 a new act was passed termed the Pakistan Nursing Council Act, 1952, as the profession was just evolving and going through considerable changes. The mandate of this Act was to establish a uniform system of training for nurses, midwives, and health visitors all over the country. In addition it was decided to establish four Provincial Councils to regulate the registration of health personnel. In 1969 the office of the PNC was shifted to Islamabad on the premises of the National Institute of Health (NIH). [66]

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[64] Warkentin., 7.

Again the nursing profession was making good progress in terms of education and services and it was felt at the level of parliament that the Act of 1952 needed to be updated as changes such as upgrading the entrance level to diploma programs, decentralization of licensing and examination and making midwifery compulsory for all RN's were not included in the old Act. Therefore, in 1973 through an Act of Parliament, the Provincial Nursing Council was dissolved and replaced by the national council called the Pakistan Nursing Council. The mandate was to upgrade and standardize nursing education and practice in the country, including the RN, MW and LHV programs. The revision of the Act was a sign that the nursing profession was moving along and making progress in upgrading its status. The new Act was termed the Pakistan Nursing Council (PNC) Act, 1973. According to the new Act, four examination boards were to be established in each province. The purpose and advantage of decentralizing the examination board was to make it manageable in order to ensure efficient service to students. One examination board was not realistic to account for the needs and standards in all four provinces and caused many delays in releasing examination results as well as long waiting lists to issue diplomas. Province specific examination boards allowed for creative planning in each province with realistic implementation goals. Thus, decision making power was given to nurses at the provincial level. The responsibility for preparing and conducting examinations and awarding diplomas to successful candidates was to rest with each province. The result was that the whole process was speeded up. The PNC was given the responsibility for developing criteria for admission, training, examination and registration of nurses. The intent was to ensure uniformity in the curriculum throughout the country to safeguard quality by assigning inspectors to visit the schools and hospitals. Every institution had to be registered with the PNC for which the PNC would receive a prescribed fee for institutional recognition by the Council. Any additions of courses or syllabi required the approval of the PNC prior to use. This Act prevented unregistered health personnel from working in any of the institutions. All health care employees had to be registered with the PNC. The Council was designed to operate through grants-in-aid from the Government and through revenue from registration and affiliation fees from individual nurses.

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[65] Approved at the CNC meeting of 1949 in Karachi.

[66] Saleem., et.al. 30.

The PNC Act of 1973 was constituted with a broadly based membership consisting of President, who is the Director General Health, Vice-President, the Nursing Advisor, a representative from the Ministry of Health, four chief nurses representating nurses, midwives and health visitors, the Controller from each province, members of the national and provincial assemblies, an educationist, a representative from the Pakistan Medical and Dental Council and a teaching institution forming the part of the total of 35 Council members. The Secretaries of Health at the provincial level are ex-officio members but seldom, if ever, attend the meetings.[67] Some of the Council members were ex-officio in nature while the remainder were time-limited positions with a tenure of three years extendable to another period of three years. In addition, the Council was given the power to appoint committees for general or specific purposes. It was to appoint an education committee to assist in the development, revision and advisement on new curricula, courses or programs desired by schools of nursing. This committee was to be comprised of 16 members and was to be chaired by the Vice-President.[68] Introduction of the committee was the clear sign that the PNC was taking action to upgrade the status of nursing education in Pakistan. At the time of writing, after some twenty-three years the

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[67] French., 6

[68] Ibid.,

PNC was in the process of revising the Act of 1973. Many sections in the Act seemed redundant, ambiguous and unrealistic and needed revision as the nursing profession had moved forward in many positive directions since 1973. One of the needed changes related to the membership. Many private schools of nursing, which comprise approximately 60% of health services, are not allowed to representation in the Council, although a special status has been given to the Aga Khan School of Nursing.[69] Ms Warkentin, the first Director of the Aga Khan School of Nursing was privileged to attend the Council meeting as an ex-officio member.[70] The need to include privately employed professionals as well emerged because these nurses were working with government in planning, implementing and evaluating major health projects.

The Council also had a liaison with four nursing examination boards in the provinces of Punjab, Sind, the North West Frontier Province (NWFP) and Baluchistan. These autonomous examination boards were constituted under the PNC Act of 1973.[71] When examination boards came into existence in 1973, the situation was chaotic because prior to 1973 there was only one examination board. Many changes were needed and the new board was created to correct the problems. Mr. Mushtaq took over as the controller of the Sind Examination Board and acknowledged that he had to work day and night to bring the system up to the standard. He introduced the proper admit card system which identified each student with a roll number, identity photograph, school name and seal of the board, a system which had not been in place before. Also, he prepared guidelines for the roles and responsibilities of the examination supervisor and invigilators in order to maintain appropriate standards and achieve some consistency between them.[72] In addition, Ms Moolchand was given the responsibility of overseeing the Karachi Board of Examination. Because of the lack of available facilities and health personnel in Karachi, Ms Moolchand had to be very careful with the security and confidentiality surrounding examination papers and examination results. In spite of all the difficulties, Ms. Moolchand was able to successfully and single handedly manage that responsibility.[73]

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[69] French., 11.

[70] Warkentin., 6.

[71] Excerpted from Pakistan Nursing Council Act, 1973.

The Council charged each board with the responsibility of setting and conducting the licensing examinations and issuing the certificates and diplomas. Each of the four provincial boards was headed by the secretary of health for that province. That individual was assisted by a controller, usually a nurse representative of the PNC, who was responsible for selecting people to prepare, write, administer, and grade the written and practical examinations. The examinations were to be given following the first and third years of the three year diploma program, and also at the end of the first year of the midwifery program. Successful candidates were to be given diplomas by the parent institutions and licences were to be issued and registered by the Council.[74] The

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[72] Ahmed., 4.

[73] Moolchand., 2.

[74] Harner, et.al., 54.

Controllers from the four provinces had no means of getting together to discuss their issues or problems. The only time they meet was at the PNC meeting with the whole group. They could attend the meeting only if the Director General of Health gave them permission. Each examination board was composed of a chair, vice-chair, three nursing representatives and one physician. Examiners were responsible for preparing questions to use in the examination. Before 1993 all the examiners were used to be medical officers but since 1993, the PNC decided that nurses should be responsible to take the examination of nurses and they started preparing them as examiners. After the examination results all nurses were required to be registered with the PNC and then filled out the registration form and submitted the fees.[75] The total number of registered health personnel such as nurses, midwives and lady health visitors in any given year is unknown due to errors in the manual compilation of the data. Even though all health personnel were required to re-register after five years, there was no follow through and at present time most practise without current registration. The total membership of all three categories of nurses is unknown, but it has been approximately estimated as 13,000, out of which 8,-10,000 nurses, 3,000 lady health visitors, and 1,000 midwives.[76] In addition PNC does not have data on the current sanctioned posts and vacancies by grade which is causing a shortage of all three cadres of nurses in Pakistan. Under the Development of Women Health Professionals program the PNC has developed and is now implementing a management information system which will provide accurate data on all categories of registrants.

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[75] French., 1993, 9-10.

[76] Ibid., 17.

Surveys will be conducted under the DWHP program to provide accurate information on this aspect of the nursing situation.

Even though some members of the PNC have direct access to the high government officials; for example the vice-president of the PNC is working under director General of Health and the Nursing Advisor reports directly to the Secretary of Health. Unfortunately, because of male dominance in the culture, many nurses do not feel comfortable in communicating openly with men. Also, they are afraid of losing their positions in the government section if they take strong stand on any issue. This made it difficult for them to be strong advocates for the profession.[77] Dr French in her report implies that, "As a group, members of the PNC do not see themselves as being able to create change, but specific individuals have considerable self-esteem as change agents and have concrete evidence to show that they were instrumental in influencing government to take particular action."[78] This was corroborated by the report of the nursing consultant from the United Kingdom, who suggested that nurses in Pakistan lack general knowledge and awareness of modern management methods and leadership skills. In conclusion, Dr. French reported that the organization of the PNC has the potential to prove themselves but it will be a while before they will be financially stable and develop expertise in dealing with politics.[79]

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[77] French.,1993, 14.

[78] Ibid., 19

[79] Ibid., 21

Chapter IV

Issues involved in choosing nursing as a profession

Nursing has been undergoing constant, though gradual, change since partition as a result of economic, cultural and social conditions. This has presented problems in recruiting young women into nursing, especially from Muslim families. Besides the observation of purdah, educational status remained a significant barrier to entering the nursing profession for this group. For young women to enter nursing, they needed to have completed at least grade ten. In the Muslim culture, the education of women is not considered a necessity, for the role of the woman is traditionally that of wife and mother. Therefore, early marriages had been encouraged rather than educational advancement. A married woman with a few years of formal education tended to earn more respect than an unmarried woman holding a university degree and an important position in the community.[1] In spite of speeches and appeals from various distinguished leaders of Pakistan, many parents were not ready to send their daughters to take up the profession of nursing because of its poor image and status. Girls who wanted to join the nursing profession at or after partition had a hard time convincing their families of the value of studying nursing, and in cases where girls entered nursing, some of their family members would not talk to them for years. For some, this animosity over their decision would remain for the rest of their lives.

The majority of those who entered the nursing profession came from humble backgrounds because nursing was the only profession in Pakistan where post matriculation education was and continued to be financed by the Government in all schools of nursing. As a result of this incentive, more young women were attracted to the profession. In addition to the above problems, there were still other reasons for the low status of the profession. In her numerous papers and in her interview, Mrs Kamal described three main reasons for the low status of nursing in Pakistan. She identified the first and the biggest problem to be the nurses themselves. She said,

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[1] Egan., 6.

> "they felt that just by putting on the white uniform, everybody will stand up and respect them and salute them. They did not understand, (there were very good nurses plenty of them, but I am talking of the majority) that you cannot demand respect. But if you give TLC to the patient, when they walk out they will say what wonderful girls they are. I wanted my daughter to become a nurse too. Unfortunately that did not happen."[2]

She added that because of nurses' lack of technical and professional knowledge, doctors treated them as their handmaidens rather than as their colleagues. They were reluctant to go for further education or become members of the Association. Instead they were totally devoted to the ward setting, that is doctors, student nurses, nursing assistants and orderlies and remain with them without desiring professional growth. She professed, "the only answer is self improvement which will bring self respect and self confidence and when she proves her worth, respect will come automatically."[3]

The second problem related to the physicians. Mrs. Kamal referred to

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[2] Kamal. I, Interview by Hemani. H. 20 February, 1996, interview # 10 transcript. Defense, Karachi. 2.

[3] Ibid., 2.

> “their wrong attitude towards nursing. Nurses were taught to do and die and not to ask why. I will never forget when it was my first week as a professional nurse in Pakistan and I was assigned to a special ward. A doctor came and asked me, staff where is my tea? I said, I beg your pardon I don't know where did you put it". I knew exactly what he meant, but I wanted to tell him that his tea is none of my business. So the doctors expected to be followed with the tray by the handmaiden who was expected to make the tea and follow with tray in her hand. Doctors had not realized that they spend only a few minutes with the patient, while the nurse was there for 24 hours. Also, they thought that whoever entered the nursing profession was from a poor educational and family background who did not deserve respect.”

The third reason was to be found in:

> “our average citizen who talks about Islamic principles and service to humanity, but looks down upon those who are engaged in the best form of service to humanity that is caring for the sick and does not respect the dignity of labour. They refer to nursing as the noble profession, but do not really consider it as such. Because when their demands are not during their illness they are ready to accuse nurses from many grounds such as writing in the newspaper, filing complaints in the administrators office and gossiping about it in the community. If they take nursing as the noble profession they would not get upset as soon as their daughters or sisters express a desire to become a nurse. Because they consider it below their dignity, they do not want their own women to become a nurse but they forget that they demand the best care from the daughters or sisters of others when they get sick.”

Some painful experiences about entering the nursing profession were shared by a number of nursing leaders who decried the attitude of the public towards the nursing profession. Mrs. Faiz Alam Zaib,[4] presently Vice-President of Pakistan Nursing Council said:

> “my family members and many people were against this profession. My brothers were totally against this profession as I belong to a purdah-observing family. They knew I would be exposed to men while working in the clinical setting. That’s why they did not want me to join nursing.”

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[4] Zaib. F, Interview by Hemani. H. 15 February, 1996, Interview # 9 transcript. Hayat Shaheed Hospital, Peshawer. 1

It was really difficult for young women of the purdah-observing families to enter nursing. The other factor which was a hindrance was young girls leaving home and family to live in the nurses' residence. Traditionally in Pakistan, girls live with their parents until they get married, and for safety reasons, parents never allowed their young girls to stay out alone. Whenever they went out they were always accompanied by their brothers or fathers. The question of how parents could allow their daughters to live in the residence for three years was a difficult one, for it was totally against their culture and traditions. Somewhat the same experience was recounted by Rtd. Brigadier. Nusrat Jehan Saleem[5] when she was taking care of her sick father in Holy Family Hospital, Rawalpindi. She was impressed by the hard work and sympathy of nurses towards other patients and her father. When her father died she felt the emotional tie in her for the profession and wanted to join other nurses to serve humankind. Although her father wanted her to become a doctor as the eldest daughter in the family, she did not want to be a burden for her mother. She decided to enter the nursing profession and developed love for the work. The news came as a great shock to her whole family. How could a purdah observing family girl live out in the residence and take care of the men in the ward? However, her mother supported her and she was admitted to nursing in 1953 at the Holy Family Hospital Rawalpindi.

A woman who is currently influential in the nursing profession is Mrs. Amtul Anis,[6]

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[5] Saleem .J.N. Interview by Hemani. H. 3 February, 1996, Interview # 5 transcript. Rawalpindi, Islamabad. 1

[6] Anis., 1

President of the Pakistan Nurses Federation. Mrs. Anis wanted to become a nurse after hearing motivating speeches by Begum Rana Liaquat Ali Khan and other leaders in 1950. This occurred at the time when they were urging girls to enter nursing. In her whole family, her father was the only one who was in favour of her pursuing nursing. Mrs. Anis said,

> "The reason was that they did not know much about nursing and the nursing profession and they had never visited the hospital before. Also, none of the female members of her family had left the household to obtain work. They were always at home and observing the purdah. They knew that if I became a nurse, I would have to work with men. Also if I was in the hospital, there would be no purdah, and on top of that, I would be away from home and nobody from my family would be there to guard or guide me".

But with her father's permission Mrs. Anis was admitted to Jinnah Hospital Karachi and she moved to Lahore in 1950.

Mrs. Imtiaz Kamal belonged to a very well off and educated family and wanted to be a lawyer like her father. Her stay in the maternity ward with her sister changed her focus and direction in terms of her life's work. When she complained about the quality of the nursing care to her family doctor, he suggested that she become a nurse. He said there were too few nurses to give quality patient care to patients. She was confused by this suggestion as she had never thought of taking up nursing as a career. Her friends suggested she should not try to enter this profession. Although her father was not alive, she had four brothers. Of these, two had no objections to her being a nurse, but the other two never spoke to her again until they died because of her nursing career choice. She said, "they wanted good nurses to take care of them when they were sick, but didn't want their own daughters or sisters to become that good nurse." Mrs. Kamal entered nursing in 1949 at St. Giles Hospital in London, England.

Miss Wazir Begum,[7] the first national to become Principal of the College of Nursing and a prominent nursing leader, was advised by a doctor to take up the nursing profession when she was taking care of her ill sister in the hospital. She was impressed by the work of the nurses and she was so determined to enter nursing that she sent in the application form without her father's signature as she knew he would not allow her to go. However, she was forced to approach him when the matron of Lady Harding Hospital asked for her father's signature. Miss Wazir Begum said,

> "At that time I was not even matriculated and I had failed in maths. My father was so worried about my academic status he thought I would not be able to make it in nursing. However, I promised him that I would work very hard and achieve good grades as I was interested in nursing."

Finally, her father agreed and she entered a nursing program in 1936 in New Delhi, India. In spite of her weak academic background, Ms Begum did very well in her nursing studies by achieving good grades in the examinations and showing keen interest in patient care. She even completed her matriculation examinations along with nursing and passed with flying colours. After her RN and RM diploma she entered the College of Nursing to take the sister tutor course and had the privilege of becoming the first trained nursing tutor in the school of nursing of Jinnah medical hospital, Karachi as well as the first national to become Principal of the first College of Nursing of Pakistan. She went on to further study and earned her bachelor and masters degrees in science and sociology, respectively. Thus Ms Begum's keen interest in nursing made her a pioneer leader in the nursing profession.

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[7] Begum., 1996. 1-2

In addition to family members and friends, those in other professions also raised barriers for students discouraging them from entering the nursing profession. Mrs. Nisab Akhter,[8] General Secretary of the Pakistan Nurses Federation, was convinced by the health volunteers who came to her school that she should choose nursing as a career. As her family was not ready to send her to undertake nursing training, she faced problems in convincing them to allow her to do so. After receiving family approval, she went to have a medical check-up, a requirement for admission to a nursing program. The doctor who examined her advised her not to join the profession because he perceived that the image and status of the profession were low. Because she was so determined, the doctor's comments did not sway her from her decision and she entered a school of nursing in Wales in 1949. Women who are part of the Muslim culture and male dominant societies such as is found in Pakistan do not have the freedom to their own career choices by themselves, and these matters are almost always decided by their fathers or brothers. In addition, seeking permission to enter a profession offering preparation for what is thought of as low and menial work by the society, makes it even harder for women to convince their parents to allow them to enter nursing. The two pressures, one being the disadvantage of being a woman and the other of choosing a profession which is thought to be unsuitable, put women in positions of conflict. In the process of attempting to convince their parents of the value of a nursing career choice, at times they are termed rebellious by the society and strongly criticized for it as well. Thus nurses as women pay a heavy price in gaining entry to the profession of their choice.

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[8] Akhter. N. Interview by Hemani H. 10 February, 1996, Interview # 6 transcript. Model Town, Lahore. 1-2.

Despite setbacks and problems, the above leaders had been so determined to enter nursing that they became more highly committed to it upon embarking on a course of training. As such, they were destined to become role models for others. There were other leaders for whom the profession of nursing was chosen by their parents or elders in the family. For example, Ms Moolchand[9] who was awarded the "Pride of Performance" by the Government of Pakistan for her services, was 16 years old when she visited her sister in Lahore in 1942. Her sister wanted her to become a nurse and her brother-in-law, a press reporter, was acquainted with the matron of Lady Aitchson Hospital, Lahore. One day he took Ms Moolchand to the matron to ask about the process of becoming admitted to the nursing school. At that time Ms Moolchand was wearing a blue outfit. The Matron gave her a white uniform and said that from that moment on she was a student nurse. She had never been to a hospital before and did not have any idea of what nursing was. As her sister played a dominant role in her family, she was able to overcome her father's objections when he indicated that he was not in favour of her pursuing nursing. In some families, apart from the father's dominant role in decision-making in the household, married daughters also play some part in the process. Being happily married is considered a privilege for girls and they become more respected, allowing them to be heard and to be involved with their husbands in decision making. After marriage women are respected more in their own family than in that of their in-laws.

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[9] Chand. M. Interview by Hemani H. 11 February, 1996, Interview # 7 transcript. Family Welfare Association, Lahore. 1

Mrs. Kaneez Mowla was another important nursing leader in Pakistan from 1965 to 1985. She had the distinction of enjoying the longest tenure as a nursing advisor with the Ministry of Health.[10] In contrast to the situation described by other nursing leaders, Mrs. Mowla's father was strongly in favour of her entering nursing and indeed insisted she do so. This situation seems rather unusual in view of the experiences of others. In early 1947 she was completing her MA in History at Calcutta University when a British scholarship was advertised in the newspaper for nursing training. When her father heard about it, he asked her to sign up for an interview. She had never been to a hospital in her life and had never considered becoming a nurse. Furthermore, she was confused by her father's decision. Her father took her to her sister's father-in-law who was a very learned man. He talked to her about the importance of the nursing profession and about the history of Florence Nightingale. Finally, she was admitted to nursing and left for England for five years of training in general nursing and midwifery. During her training she was asked to clean the furniture and give bedpans to patients. She wrote to her father that she wanted to return home as the hospital staff asked her to do menial work which seemed inappropriate for her. In response, her father challenged her by writing that if she returned at this point her friends and colleagues would think that she was not capable enough of succeeding in nursing training in England. She accepted the challenge and stayed there for five years. Because fathers are the decision makers in families, their approval of a profession means there is no problem for these women or for the family. Because of their decision-making authority, they can suggest whatever they wish and it will rule the day. In the case of Mrs Mowla, she had to enter nursing against her wishes simply just because her father wanted her to do so. Also, it was a matter of great privilege for families that their children, especially their daughters, were studying abroad. This in itself conferred status and was a point of pride to the family and community.

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[10] Mowla. K. Interview by Hemani. H. 24 January, 1996, Interview # 4 transcript. Liaquat National Hospital, Karachi. 1

Another prominent leader, Mrs. Khatija Mushtaq[11] was the first national to become Principal of the College of Nursing, Lahore. Her father was a lawyer and active member of the Muslim League, a political party. Responsible for visiting refugee camps in the immediate post partition period, he became impressed by the dedicated work of the nurses in the camp. He thus decided to send his daughter to undertake nursing training in what he believed was a noble profession. At that time scholarships for training in England had been announced by the government. Mrs. Mushtaq was interviewed and selected for general nursing training in 1949. In spite of the fact that the profession had been chosen for her, she was pleased at the prospect of becoming part of it and contributed a great deal by giving strong leadership in times of great need. Similar circumstances have been outlined in terms of the career choices of Ms Moolchand and Mrs. Kaneez Mowla and they too gave outstanding service in nursing to the country. Even though these women were not initially interested in becoming a nurse, once they entered the nursing profession, they grew professionally and gained a great deal from their work. In return, they devoted their lives to the profession and contributed much to raise the standards of service and education. They made a difference in the profession because of their understanding of the importance of nursing to the people of the country and they fought many battles to raise the status of the nursing profession. For their service, the Government of Pakistan honoured them with the "Pride of Performance" award, well-deserved in each case by these three outstanding women.

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[11] Mushtaq. K. Interview by Hemani H. 12 February, 1996, Interview # 8 transcript. Sheikh Zaid Hospital, Lahore. 1

Though nursing was mostly led by women, a few men did prove their ability in this field. Among them was Mr. Mushtaq, who after passing his grade ten was looking for a job. He was convinced by Ms. Neal, Inspectress General of a hospital in the province of Sind, to join nursing as it was a humanitarian profession. Mr. Mushtaq joined Civil hospitals school of nursing in Karachi in 1948. Throughout his academic career he did very well both theoretically and practically and was honoured with the Academic Excellence award. Because of his excellent academic career, he was offered an instructor position in the college of nursing, which he accepted. In addition, he contributed a great deal to the nursing profession by participating actively in the nursing organizations in various positions throughout his career. He worked as a controller of the Sind Nurses Examination Board for seven years, was the president of the PNF, Karachi Branch and the editor of the *Pakistan Nursing and the Health Review Journal*. Currently, he is the principal of the private school of nursing at Ziauddin Hospital in Karachi.

Sources of Inspiration for Nurses:

Begum Rana Liaquat Ali Khan, who was the first lady Governor of Pakistan, was also the President of the All Pakistan Women's Association, an organization which organized and mobilized the powerful force of womanhood in Pakistan. This organization rendered valuable services in the fields of health, education, women's status, care of children and other welfare projects. Begum Rana Liaquat Ali Khan had served as Ambassador from Pakistan to the Netherlands, Italy and Tunisia. By profession she was a midwife, and therefore she had empathy for nurses and did a great deal to improve and raise the status of nursing in Pakistan. At the time of partition, when there was a grave shortage of nurses, she appealed to women from all walks of life to join the nursing profession. She gave speeches on radio and was quoted in newspapers. She was Patron-in-chief of the Trained Nurses Association of Pakistan from the 1950s to 1980s. In the late 1940s, funds were raised through her efforts to send young Pakistani women to England for basic and higher nursing education, as the standard of nursing education was high in the United Kingdom. Those receiving this opportunity included Ms Moolchand, Mrs Amtul Anis, Ms Nisab Akhter, Mrs Imtiaz Kamal, Mrs Kaneez Mowla, and Mrs Khatija Mushtaq. These women were destined to become pioneers in raising the status of the nursing profession in Pakistan. As Patron-in-chief of the nursing association, Begum Rana regularly attended annual conferences and International Nurses Day arranged by the nurses and delivered constructive speeches to boost nurses' morale by talking about ways to raise standards. Typical of her encouraging approach to improving nursing standards were her words at the International Nurses Day meeting in 1974: "Much has been done, but much still remains to be done....We need to improve incentives in money, housing, and study leave for professional education which will keep them [our nurses] home rather than running abroad."[12] She also involved nurses in many other non-nursing organizations so that people from other professions recognized nurses as professionals. When Begum Rana was Governor General of Karachi, she used to give prompt attention to the delegates of nurses and helped them to solve problems.

Others who worked hard to develop the profession in the early 1950s were staff nurses and administrative nurses from the hospitals. According to Mrs. Zaib, instructors from the schools of nursing in North West Frontier Province visited schools and, in particular, grade nine and ten girls to motivate and encourage them to enter nursing. When she became a nurse tutor she used the same motivational strategy. She regularly wrote letters to Principals of different schools informing them about nursing and she also gave presentations to make young girls aware of the opportunities available in the nursing profession. In addition she also talked to parents by approaching them in their homes. The results were positive as they were able to recruit many nurses from the restricted area of the North West Frontier Province. There were other strategies used by health professionals to convince parents and young women to enter the profession. As described by Mrs. Mowla in her interview, "medical superintendents used to take me around especially in villages to show parents that girls from Muslim families are contributing a lot in nursing and they have respect in their family and in the community."[13] She said that it was by using strategies such as this that she and others succeeded in convincing parents to allow their daughters to enter nursing. Thus, in 1960 they were successful in recruiting three hundred young women to nursing. (Table 4.1)

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[12] Address by Begum Rana Liaquat Ali Khan Governor of Sind as Chief guest at the International Nurses Day meeting on the occasion on 154th Birth Anniversary of Florence Nightingale at Hotel Metropole on Sept 30, 1974. 28-29.

Table 4.1 Number of Health Professionals in Pakistan 1948-1991

Health Professionals	**1948***	**1965***	**1975***	**1985***	**1991***
Physicians	3500	15000	11628	13153	42501
Registered Nurses	370^	3200	4985	10529	14000
Lady Health Visitors	180	750	118	1574	3000
Midwives	1250	4300	1201	8133	1000

* estimates
^ discrepancy in numbers explained in footnote # 30.
Modified from: Eagan S, "Report of the Project College of Nursing (Nursing Education and Facilities)" Report prepared under the terms of an agreement between The US Agency for International Development and The Government of Pakistan Ministry of Health. September 1955-June 1966.
French S E, "Assessment of the capacity of the government institutions", July, 1993.
Harner R, Amarsi Y, Herberg P, & Miller G. "Health and nursing services in Pakistan: Problems and challenges for nurse leaders" Nursing Administration Quarterly 16(2) (1992): 52-59.

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[13] Mowla., 4.

Chapter V

The History of Armed Forces Nursing Services

The history of the Armed Forces Nursing Services[1], originally known as "The Pakistan Military Nursing Services", dates back to the time of independence. At that time the Indian Military Nursing Services were responsible for the whole of the sub-continent, that is India and Pakistan. At the time of independence, the Pakistan Army had to start with less than a dozen trained nurses. In order to address the shortage, nursing auxiliary training was initiated in 1948. In 1949, the Pakistan Army signed an agreement with the Holy Family Hospital, Rawalpindi and the Mayo Hospital, Lahore to train nursing cadets for three years. Holy Family Hospital which was run by the nuns was selected for training because of its excellent status and quality of care. In her interview Brigadier Nusrat stated, "I have never seen such an efficient and well disciplined school of nursing hospital management in the whole world." She appreciated the thorough theory and practical education during the program which helped students to learn to provide quality patient care. Also it prepared them to face the challenges of the world in promoting and defending the emerging nursing profession.

The shortage of nurses continued as Muslim girls continued not to be allowed to enter nursing and were required to lead a very restricted life. Because of the shortage, student nurses at the time were given a great deal of responsibility. Brigadier Nusrat observed that she had to care for 100 to 120 patients during night duty all by herself. This assignment included 10 to 15 bedridden patients requiring almost total nursing care. Duties included collecting specimens and preserving them in bottles, transporting them to the laboratory, taking temperatures and administering medicines and injections. One student nurse was responsible for all of those responsibilities for large numbers of patients. The night supervisor was an American nursing sister who gave guidance to them when they needed assistance. Student nurses have been used both in civil and in the military hospitals for service purposes to address the shortage of the trained nurses. Although, the workload for the student was great in the Holy Family Hospital, Rawalpindi, they also offered an excellent program for student nurses in the study of theory. Thus the combination of the theoretical and the practical, even though difficult, prepared highly knowledgeable and responsible nurses who could work in any part of the world, according to Brigadier Nusrat.

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[1] The history of Armed Forces Nursing Services has been gleaned from, Saleem, et.al 1992 and Saleem, 1996.

To overcome the shortage of nurses, a proposal from the Armed Forces was taken up by the Government and accepted as the Pakistan Armed Forces Nursing Services (PAFNS) Act, 1952. According to this Act, all members of the PANFS were commissioned and appointed as officers of the PAFNS by the Central Government. In 1959 nursing sisters were formally given the status of Lieutenant on their commissioning. This step of awarding rank was one of the measures designed to attract and retain nurses in the profession. However, military nurses in Canada were awarded the relative rank of commissioned officers during the war in contrast to the British and American nurses who only received this status after the war. [2]

Another step was taken in 1956 to combat the shortage of nurses by initiating the nursing education program in Military Hospitals. Young women with a minimum education of matriculation (grade ten) or above were taken first for preliminary training of six months at the CMH, Lahore. Then they were transferred to the CMH Rawalpindi to continue with three years of general nursing training. These two training programs were recognized by The Pakistan Nursing Council. In the late 1950s post basic courses in operating theatre nursing and intensive care nursing were started as six month diploma courses. In addition, midwifery education began on an ad hoc basis. In 1958, in addition to the above steps, a local nursing service was also introduced for the three services the Army, Navy, and Air Force, in which fully trained nurses with family commitments were employed in service hospitals of their choice. In this way, married nurses were given an opportunity to serve in service hospitals after marriage rather than being prevented from continuing to develop skills and engaging in professional nursing practice. As women were responsible for taking care of their families, it was not possible for the majority of them to leave their homes for a period of time in order to work. Thus, the nursing profession was losing the services of many excellent professional nurses. The entrance of married nurses to the workforce for the period of time they could spare from their households was an important step on the part of the Armed Forces Nursing Services as they recognized that women should be respected both as women, caretakers of the family, and as nurses, caretakers in the community. In addition, it prevented many married nurses from becoming outdated and losing all their knowledge and skills learned during their educational programs and work experiences.

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[2] Ross Kerr J, Nursing in Canada from 1760 to the present: The transition to modern nursing. *In* MacPhail J, & Ross Kerr J. *Canadian nursing: Issues and perspectives.* Mosby. 3rd ed. 1996.

In spite of the above steps, the shortage of nursing personnel remained critical in the Armed Forces Nursing Services. This shortage led the authorities to consider recruiting nurses from overseas. Colonel Maudsley, who took charge as a Chief Principal Matron in 1962, had the distinction of rendering meritorious services for nursing personnel in Pakistan. Through her efforts and influence, nursing cadets were given a rank. In addition, all three services, that is, the Army, Navy and Air Force, were amalgamated and the resulting unit was named the Armed Forces Nursing Service. Colonel Maudsley was appointed as the first Director of the AFNS. In 1965 Col. Maudsley retired and Colonel M. F. Qureshi became the first Muslim to be promoted to the rank of Nursing Director of the Armed Forces. It was the first time since independence in the history of the Armed Forces Nursing Services that a Muslim national nurse had taken over the highest position in the AFNS and therefore this was a signal event. It was a matter of great honour and privilege for Pakistani nursing as their ultimate goal was to prepare Pakistani nationals as leaders who could guide the nursing profession in its endeavours and do so with full benefit of cultural understanding. This goal was met as, since that time, the leadership position has remained with a Pakistani nurse. Hence this gave strength and stability to the profession.

Unfortunately in 1965 an aggressive war between India and Pakistan erupted. The Pakistan Armed Forces nurses worked day and night in wards and in the theatres without rest and sleep and proved their worth. Nurses were recognized for their heroic service and awarded medals for meritorious service by the Government. The most service demanding areas were the operating theatres both in East and West Pakistan as they were packed with wounded soldiers most of the time. Efficient management by nursing services helped provide quality service to the soldiers. Captain Nusrat Jahan Beg who was in charge of surgery in West Pakistan devoted her total energy and time to serve the soldiers undergoing surgery, through her effective and efficient management skills. In recognition of her exemplary commitment to duty during the war, the Government awarded "Tamgha-e-Imtiaz" for outstanding performance of duty and devotion. In her interview she stated, "I must say, that the service required sacrifice and I stayed for days and nights in the operating theatre without eating food and without rest." She had the distinction of being the first women in the Armed Forces Nursing Services to receive this award. This brought the honour and respect to the nursing profession in the eyes of the public and other professionals in Pakistan. Other Armed Forces Nursing Services officers were also awarded medals for their devoted service. In 1968, after the retirement of the Colonel. M. F. Qureshi, Colonel. Safdri Beg was succeeded as the Director of AFNS and through her efforts and efficient management skills, two more schools of nursing were opened. This automatically increased the strength in terms of numbers of nurses graduating each year and went a long way towards covering the critical shortage of nurses in the AFNS.

In 1971, Pakistan again went to war with India. This time also, the AFNS actively worked in the hospital and battlefield settings and sacrificed everything for the defence of the country. At that time, seven nurses were held as prisoners of war and were tortured physically and mentally. But these nursing officers showed great patience and courage and survived the hardships. One of the army officers who played a pivotal role in prison was Major Salma Mumtaz. She was awarded the Florence Nightingale Medal and later promoted to the rank of Colonel. Once again nurses proved their worth to the world by receiving honours from the Government, an unusual circumstance which enhanced the image of nursing. By surviving hardships as prisoners of war they demonstrated that women as nurses are as strong as men and can bring honour to the country as well as prestige to their profession. This also ensured that other professionals recognized nursing as a noble profession. In addition, it created awareness of the importance of the nursing profession in the eyes of general public. The efforts and dedication needed to become a nurse gained beginning recognition and earned them respect as the professionals.

Nurses in the Armed Forces continued to render excellent service and as a result it was decided to have a Director of the AFNS hold the rank of Brigadier in 1978. This was indeed a mark of recognition as the rank of Brigadier was the second highest rank in the Armed Forces. The highest rank, that of General, was always given to the physician in charge of the service. Colonel. Safdri Beg who was the Director of the AFNS was promoted to the rank of Brigadier. She became the first Director of the AFNS to hold this rank and be so privileged. The promotion of nurses to higher ranks was a demonstration of their dedication and commitment to the profession and thus they were climbing the ladder of success. Brigadier Beg earned the distinction of the longest tenure of service as Director. One of her contributions was the inclusion of nursing officers in the Hajj Medical Mission where they took care of the Haji's medical problems during Hajj.[3] This mission of sending Pakistani Muslim nurses to render service to the Hajis played an important role in recognition of Pakistan as a Muslim state amongst the Hajis of other Muslim countries of the world.

In 1982 when Brigadier. M.B. Chughtai became Director of the AFNS, the PNC gave permission to start a Bachelor of Science in nursing program for the AFNS. In addition, the AFNS began to send nurses to the United Kingdom for coronary care courses, so that upon return they could practise in the Armed Forces Institute of Cardiology. Also, a professional journal called the ***AFNS Journal*** was initiated to inform nurses about current issues in nursing and share their experiences and progress with nurses in civilian positions. The initiation of a professional journal was a hallmark for the nursing profession as through publishing articles about nursing work, recognition among other high profile professions was gained. In 1986, Brigadier Nusrat took over as the Director of AFNS after gaining experience over four decades of service in Army nursing. She started as an operating theatre nurse and, through her excellent leadership skills, she managed the operating theatre more efficiently than many others. Because of her efficient and effective management skills, she was promoted to the higher ranks of Captain, Colonel and Lieutenant. Colonel. She was also taken into executive management, an honour for a nurse, in order to help organize, plan and be involved in decision making at the highest level. She was an extraordinarily courageous and assertive woman and was regularly successful in convincing her colleagues, both nurses and physicians of her point through logical argument. Following a successful tenure in office of ten years, she retired in 1992.[4] Overall the Armed Forces Nursing Services has contributed a great deal in raising the standard and status of nursing in Pakistan.

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[3] Hajj is one of the five pillars of Islam. Thousands of Muslims around the world gather in Mecca and Madina, a sacred place in Saudi Arabia to perform Hajj on the 7th day of Zilhajj (Muslim month). The period is marked by spirituality and sense of community, as Muslims from all over the world gather in one place, dressed in similar white seamless garments. Those who perform Hajj are called Hajis. To take care of the medical problems of the Hajis who stay in the sacred place for a month, medical teams of physicians and nurses accompany them.

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[4] The contributions and achievements of Brigadier Nusrat will be discussed in next chapter with other leaders contributions in nursing.

Chapter VI

Policy Development in Health

Nursing Education:

In 1960, the education committee of the PNC revised the existing curriculum and added psychology, physiology, sociology, ethics, history, gynaecological nursing, and paediatric nursing to the new curriculum. The revised curriculum was approved for implementation in 1960. Unfortunately, this only occurred in a few schools of nursing such as the Jinnah school of nursing, Karachi, for such reasons as scarcity of trained nursing tutors, lack of classrooms, and using of students in ward settings left less time for classroom teaching.[1] An appeal from various institutions regarding the above mentioned problems and difficulty in implementing the syllabus led the PNC at its meeting of 1961 to declare that the new comprehensive syllabus would not be implemented widely until 1962. The Council further decided that the Government would be approached to help solve the problem of raising standards both in nursing service and education. Funds were needed in order to implement the syllabus. Those schools implementing the curriculum at the time were asked to maintain a record of the difficulties they faced in using the new syllabus. Also to identify the other revisions would be needed for full implementation of the new syllabus in 1962. [2]

Even after almost twenty years of hard work, nursing education in Pakistan was not up to the international standard. There had been many improvements in the curriculum. For example, non-nursing subjects were added to give students a broader perspective on nursing. The new approach to the curriculum was to plan according to the hours spent per subject and in clinical work rather than the number of lectures taught per subject.[3] Nursing was also introduced as a subject in colleges at the intermediate level in order to create awareness in young women of the importance of the profession. However, the basic problems of nurses were not given priority by the Government. Therefore, the changes did not yield the desired results.[4] There was one budget for the hospital and school of nursing combined and the hospital had jurisdiction over it. The majority of funding was used by the hospital with little left for the school of nursing. Even today, most schools of nursing run by the Government do not have proper school buildings, and schools of nursing are located at a considerable distance from the hospitals making it difficult for student nurses. Too few lecture halls, demonstration rooms and above all too few trained tutors to teach in programs continue to be the critical problems in nursing education.[5] Finally, the new comprehensive syllabus was implemented in 1962. However, this occurred with great difficulty because the problems still existed.

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[1] Haleem N F, Presidential address at the Trained Nurses Association of Pakistan, Karachi Branch, The Pakistan Nursing and Health Review (1968): 4.

[2] Minutes of PNC meeting in April, 1961. 2-3.

Quantity was present but quality was missing. In the mid 1980s when Mrs Anis became the Nursing Advisor, she started working on the revision of the nursing curriculum using a different approach. She invited senior nursing instructors, nursing superintendents and principals of schools of nursing from all four provinces to work on the revision. She believed that active participation was needed by those who would be responsible for implementing the syllabus in order for them to feel that it was their piece of work and so that they would know what it meant and the rationale for it. Consultants were invited for their expert advice and the whole program was funded by the Canadian International Development Agency (CIDA). For the first time, community health nursing was also introduced as a subject in order to help the Government in making health accessible to all by reaching out to people in far away villages.[6] Mrs. Anis also asked for assistance from the WHO who invited consultants from the Philippines to conduct workshops for the participants regarding post-basic curriculum in nursing. According to Mrs. Anis, the new diploma curriculum was implemented in the early 1990s and the curriculum of the post-basic program was sent to the PNC (CNC) for approval. However, it never was returned to the curriculum committee. Mr. Mushtaq, in his interview, showed dissatisfaction over the quality of education given at the colleges of nursing, and he stressed the need to revise the curriculum. His belief was that quality teachers would produce quality nurses who were greatly needed to provide efficient health services to the population. He further added that there were few private schools of nursing that were not facing the problem of a shortage of trained teachers. They hired qualified degree holders from abroad to educate their students and the results of this exercise were excellent.[7]

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[3] Anis., 5

[4] Khan, P. *The Pakistan Nursing and Health Review.* 1972

[5] Ibid., 22.

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[6] Anis., 9-10.

[7] Mushtaq., 6.

The shortage of nurses began to be offset by putting advertisements in newspapers. The results of this were that there were increased numbers of student nurses entering schools of nursing by the 1970s. In 1970 the total number of qualified nurses in West Pakistan had reached 4200 as compared to 100 at the time of independence. There were 26 schools of nursing, of which 16 were government run and 10 were run by private organizations. In addition Colleges of nursing were also producing trained tutors. Existing facilities of schools of nursing, educated tutors and residences for nurses were insufficient for the operation of quality programs and could not accommodate the increased number of nursing students.[8] This was discouraging to nurse tutors and many left the country for the Middle-East for nursing experience through Government exchange programs. It was recommended by the TNAP that a quota system needed to be implemented so that enough nurse tutors remained in the country. In his interview Mr. Mushtaq said that he trained nursing teachers in private colleges of nursing, but unfortunately they left for greener pastures in the Middle-Eastern countries where prospects were better for them. They were not satisfied with the facilities, working conditions and remuneration for nurses in Pakistan. Trained nurses leaving Pakistan for the Middle-East or United States was, and still is, a very common practice. Some of the reasons for leaving the country as verbalised by those interviewed were better prospects in form of increased pay with benefits, continuing education and better physical facilities than those in Pakistan.

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[8] Kamal, I. Presidential Address. Sixteenth Annual Conference of TNAP. *Pakistan Nursing and Health Review*. (1970): 19-23.

However, the PNC continued to try to raise the standards in one way or another. To improve the educational status of nursing students in the clinical area, it was decided in the PNC meeting of 1969 to create the post of clinical instructor based on a ratio of 1 instructor to 25 students.[9] Unfortunately this occurred in very few schools of nursing. As students were still used for service in hospitals and since they were studying at the same time, not much had changed since the 1950s. 'Students should not be utilized for service' was suggested many times by various people but implemented by very few. Ms MoolChand said in her interview that she tried her best not to use students in place of staff nurses. In her period as a nursing superintendent of Mayo hospital, Lahore, she never put any first year student on night duty because she believed that first year students needed time to adjust to the ward environment. Second and third year students were put on night duty but not alone. They were always supervised by staff nurses. Even today, all government and a few private schools of nursing continue to use students for service purposes. As verbalised by Mr. Mushtaq, Principal of Ziauddin School of Nursing, a private school of nursing, and Mrs Ziab, Vice-President of the PNC, in spite of constant reminders from PNC not to use students for service, they were compelled to use them on the wards. There was pressure from hospital superintendents to put service before education as their primary concern was the needs of ill patients and there were too few staff to care for them on the wards. This created problems in delivering quality care to clients, as students were not fully prepared to provide a standard of care equivalent to that of trained staff nurses. These leaders concurred that when the clients were not satisfied with their care, they would say that the nursing care was not good or up to the standard and blame would fall upon the entire nursing profession.[10]

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[9] Taken from a letter written by Mrs Mowla, Nursing Advisor informing schools of nursing and hospitals about the decision. 1969.

In some private schools of nursing, students were not used for service. Instead they only went to the wards for clinical experience with their instructors. The only time they worked under the supervision of ward staff was during summer and winter break periods. Private hospitals were better off financially than the Government hospitals. They were able to hire nurse educators, clinical nurse specialists and managers from abroad who were expert in their fields and thus were ready to prepare students at the appropriate level. Also, the nurse-patient ratio in private and government hospitals varied considerably. In private hospitals, one nurse to 15-20 patients was the norm whereas in government hospitals, one nurse was taking care of 60-70 patients. To at least give basic care to patients, government hospitals utilized nursing students because there was no need to provide remuneration since their experience counts as an educational practicum. As the students were used heavily for service, schools of nursing had problems providing enough instruction hours to the students. According to Dr. French's report, "One of the major teaching hospitals indicated that the failure rate in registration examinations among its graduates was 50%. The quality of instruction and high service demands were cited as the major reasons for high failure rate."[11] The other reason for the high attrition and failure rates suggested by the PNC and the Controllers were: non adherence to the admission criteria for nursing students especially in relation to education; difficulty in understanding English; use of students to provide hospital service, lack of books, journals and other learning resources; lack of clinical supervision; and high teacher student ratios.[12]

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[10] Zaib., p. 6.

[11] French., 47.

Some of the major problems faced by nursing students were the lack of and unsatisfactory conditions in facilities like lecture halls and classrooms. Work on the wards in addition to the lectures, left students no time to assimilate what had been learned, and the lack of trained teachers was a deterrent to quality education. In addition, their residences were overcrowded with four to five student nurses living in one room. There were no recreational facilities available for students for relaxation to recover from the stress of their studies. Thus they were under served and disadvantaged both academically and socially. After completing their education, as staff nurses problems continued for them in the form of overwork because of continuous under staffing of the wards. Also, they were not paid sufficiently for the amount of work they did, and there was no respect shown to them by health professionals including both physicians and other nursing staff. The vicious cycle of problems continued and affected the health of the individual nurse, her family, the community and subsequently that of the population. As the nurse is the one who is prepared to take care of health problems, if the individual nurse was not physically, emotionally and psychologically healthy, it was impossible to give health education to others.

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[12] Ibid., 8.

To investigate these chronic issues plaguing nursing and health care, the Ministry of Health, Government of Pakistan asked the Pakistan Nurses Federation (TNAP) to arrange a seminar to begin to address the problems faced by nurses. The three day seminar which was held yielded recommendations from the WHO in "The Third Regional Nursing Seminar" in Tehran in 1974. Nursing leaders from all four provinces were invited to share their problems and work together to find solutions for them in order to raise the standards of nursing education and nursing service in the country.[13] The seminar was a success in the sense that leaders were encouraged to gather, discuss the issues and make recommendations to send to the Government to increase funds in order to address the problems. Unfortunately, the latter never happened, and it would seem that the same problems continue to be issues today in the nursing profession in Pakistan.

The Armed Forces Nursing Service continued to face a shortage of nurses and to combat that Brigadier Nusrat opened at least eight schools of nursing during her period as Director of the Armed Forces Nursing Service. The increased number of schools of nursing resulted in an increase in the annual intake of nurses from 86 to 500 and subsequently an increased number of nursing officers from 990 to 1412 during the period from the 1950s to the 1990s. In spite of an increased number of nursing officers, student nurses were still utilized for service in the hospital and their education was given a lower priority. In her interview, Brigadier Nusrat mentioned that after her tenure, a few schools were closed as the administrators felt that there were more schools than needed. The nursing tutors received post-basic education at civilian colleges of nursing and their bachelor of science in nursing (BSN) degree from The Aga Khan University as there was no civilian degree program available. Brigadier Nusrat initiated a few post-basic courses in nursing in that nurses after passing their Registered Nurse diploma can choose to take any one speciality such as urology, dentistry, anaesthesiology, physiotherapy and midwifery and work as a specialized nurse. She lengthened the program to 52 weeks and the Pakistan Nursing Council approved it. Later she made midwifery compulsory for Armed Forces Nurses. Therefore they had to study continuously for four years before they graduated as a full fledged registered nurse (RN). Brigadier Nusrat also wanted to open a college of nursing but unfortunately because of the lack of buildings she could not carry this through. However, she had hopes of having it established by 1996. Armed Forces Nurses were also sent for cardiology specialization training to different hospitals and later to Middle-Eastern countries for affiliation to gain more experience. Upon their return, these expert cardiac nurses worked in the intensive and cardiac care units and at the same time provided a similar training program for the nurses at their own hospital.[14]

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[13] Seminar on 'Nursing Problems' conducted from May, 15-18th 1976 in Karachi. *Pakistan Nursing and Health Review*. 3-11.

Since the inception of the first college of nursing in Pakistan in 1955, it was decided to gradually initiate degree programs in nursing in order to raise the standards. The recommendation was made by the PNC many times and negotiations were held in different universities examining RN's in three subjects at the Bachelor of Arts level, English,

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[14] Brigadier, Nusrat 1996.

Islamiat (Islamic studies) and Pakistan studies. The bachelor of science degree was granted to the successful nurses. In 1973, only two universities, Karachi and Peshawer Universities, agreed to be affiliated with colleges of nursing in their own provinces and award bachelor of nursing degrees to the students for a certain standard of work. The Government of Punjab proposes to introduce bachelor of science in nursing courses in all their schools of nursing after adding English, Pakistan studies and Islamiat to the bachelor of arts standard in the syllabus for general nursing. It was suggested that the University should conduct the examination to confirm the degrees. PNC's Education Committee was left to work out the rules and regulations for the conduct of such courses.[15] Mrs. Mowla, Nursing Advisor in 1968 wrote a letter to the secretary of PNC regarding increasing the entrance level of nurses to inter-science (grade twelve) for the degree entrance program. It was also resolved at the first annual conference of the Pakistan Nurses Federation (TNAP) meeting that if the colleges of nursing offered degree programs, then the principal of this college should be a master's prepared nurse.

In the meantime, three more colleges of nursing opened in Lahore, Peshawer and Islamabad between 1987-1992. The College of Nursing in Lahore was established in 1987 as the exchange program was established between the Government of Punjab and the Overseas Development Authority (ODA), United Kingdom, affiliated with Hillingdon Health Authority of London. Mrs. Khatija Mushtaq was appointed as the first national as Principal along with her responsibilities as the Deputy Director of Nursing for the Punjab.

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[15] Minutes of Education Committee of PNC, July 1976. p. 1

In the beginning, nurses were trained in specialized fields such as psychiatric, paediatric, intensive care and operating theatre nursing. To teach the courses, tutors were brought from London, and at the same time they were also asked to hold workshops to train local tutors. Also, they came periodically to evaluate the program and this was an arrangement which would continue for some five years.[16] Since its establishment in 1987, the staff of the College have been receiving specialized cardiac training of 18 months in United Kingdom. The program has been funded by the Overseas Development Authority (ODA) and United Kingdom.

One year following establishment of the College of Nursing, that is in 1988, the third college of nursing started in Hayat Shaheed Hospital, Peshawer with financial assistance from Women's Division of the federal government. Assistance was also provided by the United Kingdom and Overseas Development Authority in the form of fellowships to provide 18 months training in United Kingdom to prepare tutors for selected clinical specialities, learning resources, and on-site consultation.[17] It was started as a private project, but later on was taken over by the provincial government. Mrs. Faiz Alam Ziab was appointed as the first Principal of this college. She is also the vice-president of the PNC. [18] In the same year, The Aga Khan University, with assistance from Mcmaster University, Canada and CIDA and other international donors, established the first bachelor of science in nursing program in Pakistan. The fourth college of nursing was a private one opened with the aid of Japan International Cooperation Agency (JICA) in Islamabad in 1991 at the Post graduate Institute of Medical Sciences (PIMS). The JICA has provided assistance in the form of building, teaching and learning resources, equipment such as computers, furnishings, training of tutors in Japan, and on-site consultation.[19] The college offers post diploma education in clinical specialities and in teaching and administration. None of the above colleges of nursing has started its degree program for nurses, but under the DWHP program assistance will be provided for the development of a post-RN bachelor of science in nursing program in one f the federal colleges. The initial steps have been taken recently with the collaborative help of the Canadian International Development Agency and The Aga Khan University, the Jinnah Post Graduate Medical College and PIMS have been working on their curriculum and other facilities in order to be able to initiate bachelor of science in nursing programs in the near future. There is a need to strengthen the educational preparation of tutors and also need to revise the curriculum according to the need of the country and the standard of a nursing degree. To help to raise the standard of nursing education in the country all the colleges of nursing principals need to have at least a bachelor in nursing degree to qualify for the post.[20]

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[16] Mushtaq K., 2.

[17] French., 32.

[18] Zaib., 2.

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[19] French., 30.

[20] Ibid., 34.

Nursing Representation in Government

In 1952 it was felt that there was a need to establish a nursing post in the Government in order that nurses could take an active part in the development of policy regarding health to the benefit of the health care of the population. A post of Nursing Advisor was thus created within the Ministry of Health. Ms Grant Glass, a highly qualified British woman from the World Health Organization (WHO), was appointed by the Government to take the post. This was the beginning of nursing leadership at the government level even though the Nursing Advisor had to report to the Directorate General Health who was a physician. Upon the retirement of Ms Glass, Mrs N. F. Haleem took over on a temporary basis until Mrs. Kaneez Mowla returned in 1965 with her Master's degree in Nursing Administration and became the first national to become Nursing Advisor.[21] Before taking up this post, Mrs. Mowla resided in East Pakistan and played a key role working in three different senior posts, that of Registrar of the East Pakistan Nursing Council (EPNC), teacher in Dacca College of Nursing, and senior matron of Dacca Medical College. In those positions she had many opportunities to visit West Pakistan as the ex-officio member of the West Pakistan Nursing Council (PNC). Also, she had the opportunity to represent both East and West Pakistan at WHO meetings, RCD country meetings and ICN meetings in different parts of the world.

During her tenure as Nursing Advisor, Mrs. Mowla represented Pakistan in many countries by attending meetings, seminars, and workshops. On many occasions she presented papers and on her return to the country she arranged workshops with the national nurses to share the experience and knowledge gained from the trip. After a lengthy tenure of twenty-one years, Mrs. Mowla retired and was succeeded by Mrs Anis.[22] During her tenure of five and half years she worked on the revision of nursing syllabus at both the diploma and the post-basic levels, involving nursing leaders from different parts of the country in the process. This too was a unique contribution to the profession. Also, at that time there was a fund available in the Asian Development Bank which could be used to create a strong position for nurses in the government. The Ministry of Health selected a physician to carry out the project, a decision which Ms Anis did not support. She tried to convince the Ministry that a nurse would be best for this position as the fund was for nurses and they were the ones who could decide better what was best for them. Finally, she was selected to lead the group, but later due to political problems within the Ministry of Health, the fund became amalgamated with another section and was no longer under the authority of the nurses.

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[21] Khan., 1989. 15-16.

These types of hurdles in the Ministry of Health where most of the members were male, left senior nurses in the minority in decisions over controversial issues. Also it seemed that nursing was not well respected or recognized by the division members as they feared losing other positions if nurses were given new opportunities in the Ministry. For this reason, none of the senior nurses wanted to take up the leadership position as they feared challenges and opposition from other professionals in the Ministry of Health. Upon Ms.

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[22] Mowla., 3-8.

Anis' retirement, the Ministry of Health awarded the nursing post to a physician and also on many other occasions as soon as nursing posts became vacant, the Government replaced nurses with physicians. Thus, nurses would again be in the position of fighting to get the post back. During Ms. Anis' time also, nurses active in the TNAP (PNF) fought the Government's decision to give the nursing post to a physician and finally the physician was replaced by a qualified nurse. Presently, the post of Nursing Advisor is held by the most senior nurse in the government sector for a year on part time basis. This individual reports directly to the Secretary of Health. The post is located in Islamabad and the Nursing Advisor is constrained in what she can do as she has no funds to visit any of the provincial hospitals or nursing leaders to observe or discuss the ongoing problems.

In 1964, during the 13th annual conference of the Association which was inaugurated by Begum Mehmuda Salim Khan, Minister of Health, Government of Pakistan, Mrs. Tareen, President of the TNAP, emphasized that nurses should be involved in policy making at the regional, provincial and national level. According to her, there was not sufficient input from nursing in policy on nursing matters and decisions were thus made without nursing advice. Further, she mentioned that during the second five year plan (1963-68), little or no progress had been made by the Government on nursing issues, but she hoped to be able to address the deficiencies of the second and make progress in the third five year plan of the Government. She suggested to the Ministry of Health that nursing should be given authority to formulate policies and make decisions regarding all nursing issues in the country and that there should be a division of nursing in the Ministry of Health headed by a qualified nurse who would carry out administration, consultation and leadership functions.[23] There were constant communications and consistent appeals from the nursing leaders to the Government to raise the status and standards of nursing. Nurses wanted to be involved actively and be part of the decision making committee for the health care system in order to have more influence on matters of the utmost urgency for the profession.

In 1954, the post of the Chief Nursing Superintendent was created in the Directorate of Health, Government of Punjab to look after the interests of nursing in the province. In 1961 this post was designated as the Section Officer (Nursing). In 1962, with the retirement of Mrs. Tareen, this position was given to a non-nursing person. The TNAP repeatedly appealed to the Government for the appointment of a qualified nurse to this post. In 1969, the post was declared as non-technical, and the only Senior Class I post for nursing was abolished. Members of the TNAP sent repeated appeals to the Government to reconsider the decision. After a decade, that is in 1979, the post of Deputy Secretary (Nursing Services) was created in the Department of Health, Government of Punjab. Mrs. Khan was its first appointee and she worked tirelessly to establish a properly organized nursing service.[24] It was suggested that the post of senior grade class I chief nursing superintendent be created in each region to advise the regional directorate and undertake detailed inspections and help in the planning and development of nursing services. At the provincial level, it was recommended that a chief nursing officer should be appointed with a deputy.[25] A delegation from the TNAP met with the Governor of Punjab to create the post, which had his approval. Even after the order from the Governor, the post had not been established after some five and a half months. In the meantime there had been an appeal from the Sind province to establish a similar post there. After 10-15 years, the post of Directorate of Nursing was established in all four provinces with the person reporting directly to the Secretary of Health in each province.

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[23] Tarin, S. Presidential Address, *The Pakistan Nursing and Health Review*. (1964): 9.

[24] Khan., 1989, 20-23.

In the early 1990s, the post of Directorate of Nursing was about to be abolished and be replaced by Secretary of Health (non-nursing). The matter was taken seriously by ali nursing professionals at every level. Ms Nisab Akhter, as Secretary-General of the Association, called a meeting and drafted a resolution urging that the post be reestablished as a nursing position. The resolution was sent to the President, Prime Minister and to the Secretary of Health of Pakistan but there was no reply. Ms. Akhter arranged meetings with the Secretary of Health many times but nothing happened. Finally, she wrote a second letter to the President explaining the seriousness of the issue. On this occasion, fortunately, she received a positive reply. The Secretary of Health called and declared that the position of Directorate of nursing would remain with nursing. That was a monumental achievement by the executive of the PNF.[26] It can be seen that Pakistani nurses consistently have had to fight for their rights since independence. Undoubtedly the same is true for the nurses around the world. However, throughout the history in Pakistan nurses as women had been considered weak in decision making. Therefore the male members in the Division of Health considered their right to rule the whole health care system. Nurses have achieved considerable success though through persistence and logical argument. Therefore it is crucial that the "nurses should be aware of the inherent dangers of keeping silent about the way they are often treated."[27] Unless nurses recognize themselves as valued and worthy persons, success will not be achieved. As Valentine suggests,

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[25] Tarin., 1964, 10.

[26] Akhter., 8.

> "overcoming oppression starts with recognition. Until nurses identify their oppression, they will resist doing something about it. One way to overcome this resistance is by raising nurses' consciousness to the recognition of female perspective that is not considered inferior; this can be very liberating."[28]

The incident where the Directorate position for nursing was regained through strong and concerned action of nurses is an excellent example of what can be achieved by nurses..

Another issue in the misuse of the senior nursing positions at the national level is that of a physician being the President of the Pakistan Nursing Council. The Director-General Health, by virtue of his position is President of both the Pakistan Nursing Council and Pakistan Medical and Dental Council. The DG Health position has always been occupied by a male physician. And the of Vice-President of the PNC is occupied by a nurse. According to the minutes of the PNC in meetings in the 1950s and 1960s, the

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[27] Miller C, Feminism and Nursing: The uneasy relationship. *Canadian Nursing Management*_special report #45, 4.

[28] Valentine., 22.

President always attended the meeting and took an active part in nursing matters such as revising the curriculum, raising the entrance level from grade eight to ten and also making many other decisions in relation to raising the educational and service standards of the nursing According to the Vice-President of the PNC, it has only been in the 1980s and 1990s that the Director of Health has shown reduced interest in nursing issues and attended fewer meetings. She also indicated that steps needed to be taken to ensure that the position of President go to a nurse, as nurses not physicians, should be judging the needs and demands of the profession. This fact is corroborated by Dr French's report in which she suggests that,

> "the position of (the) Director General in (the) nursing (Council) provides an opportunity to keep the Government of Pakistan updated about progress of nursing and also can (provide a means) for input from them (government officials) too. But on the other hand physician may not have definite views on what is best for nursing. Also the presence of President in the meetings does not allow for open discussion of issues that may be contrary to Government of Pakistan policy."[29]

The importance of this position has to be understood and perceived by the entire nursing profession, especially senior nurses in positions as chief superintendents, provincial directorate of nursing and nursing advisor in order to take collaborative steps to ensure that nursing retains its positions. It is important that nurses are united and supportive of each other. Only then will their voices command the power needed to effect the needed change.

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[29] French., 11

The issue of increasing the pay scale remained unresolved even though the Government agreed to make nursing a pensionable profession. However, nothing else was really done to raise the pay scale of nurses in spite of numerous appeals year after year. Every time a reference was made to the Government in this connection, the answer invariably had been that the case was with the National Pay Commission and was receiving due consideration. The President and the Secretary of the Association met with the Pay Commission and placed the problems of the nurses before them. After a period of ten years, nurses had gained nothing. The salaries of nursing superintendents was decreased in the early years and increased slightly when they retired. Nursing staff were given a meagre raise of Rs-/5 in the initial stage and Rs-/80 in the last part of their service. On the other hand, student nurses were brought up to the standard of staff nurses by increasing their stipend from Rs.115 per month to Rs.225 per month. This indicated that the requests for salary increases by the nursing association were not considered and because of the unfairness of this decision, most of the qualified nurses left for foreign countries especially the Middle-East[30] where they earned high salaries and were able to support their families. Appropriate monthly salaries as well as regular increments would facilitate better performance among nurses. As they were already suffering from the low profile of the profession, increases in salary would have boosted morale and encouraged nurses to continue working in their own country. The loss of a great deal of the nursing workforce caused a drastic shortage of nurses in the health care system. The profession of nursing suffered because of inappropriate decision making at the national level where there was little understanding of the problems of the nurses. Thus the vicious cycle of chronic problems in the health care system in nursing continued over time.

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[30] Khan.,1972., 19.

Nursing Organization Structure

From the time of independence till the 1970s, the TNAP worked tirelessly to raise the standard of the nursing profession in Pakistan. There was a two tiered system. One was at the level of headquarters, consisting of the President, Secretary, and the Treasurer, and the other was at the branch level. There were 13 branches which also had their own president, secretaries and the treasurers. The entire team was very active and persistent in pleading the demands of nurses to the Government. They held regular meetings at the branch level and presented their reports to headquarters at the annual conference. The annual conference always had one theme to focus on and it consisted of an essay competition, a poster competition, seminars etc. Each conference was opened and closed by a dignitary, either the Minister of Health or the Director of Health of the province, and there always was a tea, a dinner or an open house arranged for this individual to meet the delegates and discuss the issues and concerns in nursing. During this time the Government was very positive in raising the status of nursing in Pakistan, for which many speeches, press conferences and papers were written by the Governor General and other leaders. Also, nurses were considered as colleagues and therefore were always invited to the Governor's house to celebrate occasions such as independence day, and nurses' day. In addition, nursing graduations were always attended by Governmental officials and nurses were invited to celebrate their graduation at the Governor's house to show respect and concern for the nurses. This was at the time when nursing gained a lot of recognition in the country as well as internationally, and this period was remembered as the "golden period" of nursing in Pakistan.[31]

The Association held many open houses in various nursing institutions for young girls and their parents to give them an opportunity to see schools of nursing, nurses' residences and clarify their queries. A further goal was to create public awareness about the nursing profession. At the same time, girls' schools especially grades nine and ten were visited by teams of nurses to talk about choosing nursing as a career and students were invited to an open house at the schools of nursing. Many articles were written for various newspapers, magazines and radio were also used to deliver speeches and messages to promote nursing. This attracted many young women into the profession and somewhat reduced the shortage as nursing was increasingly recognized as a respected and important profession by the general public.

In 1965 and 1971 during the war emergencies, the TNAP produced an illustrated first aid booklet with the help of the All Pakistan Women's Association (APWA) and held special classes in various schools, colleges and institutions to educate the population. In addition they conducted surveys on the number of training institutions and nurses in order to plan for expansion. Needs assessments were carried out to assist the PNC to determine priorities for starting post-basic training in a specialized area. The TNAP represented

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[31] Kamal., 1996, 7.

Pakistan at ICN meetings held in different parts of the world. Also, in 1969 the President of TNAP was elected as the representative for the South Asia Region at the Commonwealth Nurses Federation meeting in Dublin. TNAP also regularly published the professional journal *The Pakistan Nursing and Health Review.*

In 1971 Pakistan was divided into two parts, that is East and West Pakistan, and with this division West Pakistan was divided into four provinces. Headquarters staff of the TNAP called the meeting to discuss the development of independent provincial associations as every province would have unique problems and require different policies to solve the problems. This change in structure was also discussed at the governing body meeting and members unanimously resolved to revise the existing constitution and by-laws. As a result of this, the Pakistan Nurses Federation (PNF) came into being in July, 1972 as the successor to the Trained Nurses Association of Pakistan. The Federation was formed as a result of the division of one unit into four separate provinces, and the resulting transition from a two tiered to three tiered system including headquarters, provincial, and branch levels. At the headquarters level there was a national executive board and a governing body which was a policy making body. This body would meet every year and terms of office were to be three years in length. There were four provincial associations which were to have a governing body and an executive board. At the branch level, the executive committee was to be the operational group.[32]

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[32] Khan., 1972, 14.

The change in the system from a two to three tiered one was strongly opposed by Mrs. Kamal, President of the Association. In her interview she mentioned that, "I fought tooth and nail to prevent this breakage". She indicated that the organization was facing difficulties in handling the existing 15 branches as it was hard to find presidents, secretaries and treasurers to run the branches. The problem also of how one more level could be managed was also an issue. Also communication between the branches and the headquarters level would be an issue. In addition, finances were insufficient to run the existing two tiers, without even contemplating a three tiered system. She said,

> "I could see 'destruction' written on the walls and that was the time when decline began and a lot of it was my fault too. I take lot of blame for it myself that I was so busy pushing forward, I did not look behind to see that if there were two or three people prepared to take over if I were to retire, die or leave the country."[33]

That was the time also when serious problems with the nursing profession in Pakistan began to arise. Her conclusions were corroborated by Brig. Nusrat in her interview. She said that there was misunderstanding between the leaders and as a result a strong voice for nursing was missing. Thus there were no elections, and no meetings at any federation level. Also, according to Mr. Mushtaq, in 1970 the constitution changed and elections to elect the new members were held. And in 1971 Mrs Painda Khan was the head with her own agenda which she fulfilled in one year and then resigned. That was the breakdown of the PNF because there was no other leadership available at that time. In addition Dr. French concluded in her report that, "From 1972-1990 the PNF entered a period of decline. No definitive factors have been identified, but repeatedly the lack of strong leadership is cited as a factor."[34] In addition to the above some other reasons stated by Ms. Warkentin were, depression among nurses because of low status of women, lack of money and unity in the professional group.[35] Consequently, the operations of the entire nursing professional association came to a halt over the next fourteen years. The break in the work of the nursing organization was a heavy price to pay for neglect and disrespect from Government, other professions and among nurses internationally. Pakistan's image which had developed at the ICN as the "fast growing nation" declined after fifteen years of hard work and progress because leaders were not in agreement about the structure of their organization. Nursing, an almost solely women's profession, could not demonstrate unity, negotiation or collaboration among themselves to prevent the great damage.

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[33] Kamal., 1996, 3.

The major reason that nurses did not demonstrate strong leadership at this time was the unstable political conditions in Pakistan. Over the past forty-eight years Pakistan has been ruled by many political parties and this has included three states of martial law. The political instability weakened the chances of consistent progress occurring in any organization or institution. While the nursing organization was experiencing crisis in the 1970s and 1980s, General Zia-ul-Haq took over as the Chief Martial Law Administrator of Pakistan in 1977. He was "a devout Muslim who wanted to return a 'degenerate

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[34] French., 3.

[35] Warkentin., 5.

[Pakistani] society' to the pristine purity of Islam."[36] In the process of bringing Islamisation he focused on women by forcing them to wear the chador and stay in chardivari (remain in four walls of the house). In addition, in 1979 the Hudood ordinance was passed which blurred the distinction between adultery and rape. According to the ordinance, "compensation for a woman, who had been beaten or murdered, would be only half that of a man."[37] These events denigrated women's rights as human beings and were powerful factors in lowering the status of women and nursing in Pakistan. In her interview Ms. Warkentin corroborated the status of women by saying, "women were downtrend and did not had sufficient status and therefore they did not have enough energy to spend on some of the professional activities or their work. It seems that they were chronically depressed".[38]

In 1986 when professional nurses were meeting in Lahore to revise the curriculum, Brigadier Nusrat was invited to become a member of the Federation. However, because of her disagreement with the way in which the professional organization had been restructured, she refused. This raised the issue of reviving the Federation. After an inspirational speech given by Brigadier Nusrat, members started thinking about reorganizing the federation that was their professional body. The task of holding fair elections was given to Ms. Moolchand, Chief Nursing Superintendent of the Sir Ganga Ram Hospital, Lahore and elections were held in 1987. A newly elected President, Secretary, and Treasurer took charge of the office at the headquarters in 1988. Finally, after fifteen years of a silent nursing organization, the Federation came alive. This occurred because of unity and cooperation among nurses. Nurses had demonstrated their potential to achieve their goals. In order to do this, they needed to be united and this was the key to success. The damage which had been done during the fifteen year hiatus would take years to undo and presented difficult challenges for the new executive members of the PNF.

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[36] Jalal A, *The state of martial rule: The origin of Pakistan's political economy of defense*. New York: Cambridge University. (1990): 319.

[37] Ibid., 323.

[38] Warkentin., 5.

At that time, Army nurses were not allowed to take part in any of the civilian organizations. When Brigadier Nusrat became the Director of the Armed Forces Nursing Service, she fought to allow the participation of armed forces nurses in civilian organization right up to the Commander-in-chief level. She argued that if physicians could become members of the medical association, why could nurses not be members of their professional association. It took her six months to convince her superiors and to finally gain permission to become members. However, they were not allowed to be appointed to any higher positions.[39] The PNF was clearly strengthened by the participation of the nurses from the Armed Forces in the organization. Developing the Federation from the ground up was a difficult task and members had to work very hard to do this. In the initial stages, officials from headquarters attempted to meet nurses from different provinces and they began to create provincial and branch level committees. International nurses' day was celebrated with a theme and a program was developed to bring public awareness of the profession. Thus everything was started from the grass roots level in order to promote the profession to other professionals and also in the ICN and internationally. This was a time of great joy and happiness for Pakistani nurses as their own professional organization was being revived. This meant that the nursing organization had awakened after a long sleep and was prepared to respond to the great challenges ahead. In 1993 the total membership of the PNF has been estimated to be 5,000 and includes nurses, midwives, and lady health visitors. Also PNF started conducting its annual conferences. In 1992 it was in Lahore which was attended by 400 nurses and in 1993 in Karachi. After a long years of absence, PNF was able to pay its membership fees to the ICN and in 1993 two members were funded by the Canadian High Commission in Pakistan to attend the ICN meeting in Spain.[40]

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[39] Brigadier Nusrat.,3-5.

For the first time in Pakistan's nursing history, a conference for nursing students was arranged by the Federation. Students were invited from different parts of the country to discuss the problems and issues faced by them and to work on finding solutions. It was held in Jinnah Hospital, Karachi and students were offered food and accommodation with the Federation as host. According to the Secretary General, Mrs Nisab Akhter, the student conference was highly successful and students actively participated and were not reluctant to talk about issues, problems and potential solutions. This made them feel part of the profession and the federation and they wanted to meet regularly in such a forum. The executive committee agreed and it was suggested that students should also participate as associate members in regular Federation meetings in that they would be the future leaders of the nursing profession. They would learn a great deal about the profession's issues, demands, and expectations while attending meetings and this would be knowledge they could use in the future. Also their participation in meetings was seen as increasing the strength of the profession and encouraging other nurses to attend meetings. Students would become the nursing leaders of the future and could work towards raising the status of the nursing profession in the country. The thinking behind the importance of including students in the Federation was that as a future leaders, they should be prepared from the outset and therefore should be involved in problem solving and decision making occurring in Federation meetings.[41]

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[40] French., 4

With the revival of the Federation, there was pressure to start to publish the professional journal once again. To do that, great effort would be needed in terms of writing articles, raising funds and soliciting material etc. Through the efforts of the editor and members at the headquarters, *The Pakistan Nursing and Health Review* finally reappeared in 1994 after a hiatus since its last publication in 1975. Although the Federation had been reactivated in 1987, it still could be described as being in its infancy. There was a general complaint from life members that they were not invited to meetings. Also, elections had not taken place for approximately three terms, and the Federation experienced difficulty in collecting regular fees from the branches. Strong commitment and communication between the headquarters, provincial and branch levels were clearly needed. For political reasons, the nursing profession had been on an emotional roller coaster since independence and hardly had a chance to demonstrate its legitimate status as a profession. A profession such as nursing was totally dependent in terms of its place in Pakistani society. Its role depended on the actions of its organizations and council. Therefore it was necessary to make them strong to be able to gain the desired status for nursing nationally and internationally. Other countries have provided some assistance in raising standards of nursing services and education. For example, the Canadian International Development Agency, is funding the program, Development of Women Health Professionals: Nurses and Lady Health Visitors, which is providing technical and financial assistance to strengthen the position of both the PNC and PNF. "The principle goal of the program is to strengthen the role of women in the health sector and to assist the Government of Pakistan to develop its nursing and health system."[42] Helping to develop nursing will consequently aid in improving the potentials of women of Pakistan both socially and economically which will have positive impacts on population health. The overview report states that,

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[41] Akhter., 2-4.

> "the program will work with target institutions at both the federal and provincial levels and with nursing institutions in all four provinces....For example assistance will be given for the development of a BscN program at one college of nursing."[43]

The major component of the program is to strengthen the PNC by: enhancing its infrastructure and functional capacity by establishing a management information system, initiating a research program in human resource development; strengthen the examination and licensure system; and developing administrative, managerial and political skills of her members through on-site consultation, continuing education, and the provision of BscN fellowships. The second component is to strengthen the PNF by providing educational and technical assistance in order for the members to achieve leadership skills and play major roles in policy making. The assessment of consultants suggests that.

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[42] DWHP Program Overview, McMaster University, School of Nursing

[43] Ibid., 3

> "If the organization (PNF) is provided with the assistance to establish a secretariat, to develop and maintain data system, and if selected members are assisted to acquire a broader knowledge base and the skills for affecting change, the PNF could be a potent force."[44]

The third component is to work on the development of the new curricula for the college of nursing in order to raise the standard of education of teachers and administrators, while also initiating a degree program in at least one college of nursing. The fourth component will look into the advancement of the Lady Health Visitor's educational status by revising the curriculum and providing funds to prepare degree teachers in order to teach and maintain the standards. Finally, increasing access to higher education for nurses through the provision of a 6 month enrichment program at the Aga Khan School University School of Nursing addressing deficiencies in English, science and nursing, and providing fellowships for nurses for Enrichment/BScN studies at the AKU.[45] With the establishment of this program, the PNF and the PNC would be in a better position to assume a leadership role and would be able to channel its energies in appropriate directions to benefit the profession.

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[44] French.,

[45] DWHP., 5.

Chapter VII

A Vision for the Future

Since the early 1950s, nursing in Pakistan has struggled with varying degrees of success to offer a standard of service comparable to nursing in the west. A great deal has been achieved in the field of nursing education and nursing service since the time of independence. However, there is still a great deal more to be gained in order to be recognized internationally. There are some significant chronic problems which require attention for the development and advancement of the nursing profession in Pakistan. The low status and poor image of nursing and the traditional role of women blocks recruitment and retention of nurses. Nursing teachers lack a sound theoretical background, and expertise in curriculum development and in clinical supervision. Students are used to subsidize hospital operations by providing service to staff the hospital at little or no cost. The hospital is then required to hire only a few staff nurses because it depends on low cost student service at a fraction of the cost required to hire a full complement of staff nurses. Research is rarely done because of lack of expertise and funds. Since research is needed for the advancement of the profession, there is no information on which to assess the need for improvements and no support for any such improvements as may be warranted is provided.[1]

Nursing Education

From the time of independence to the present nursing education in Pakistan has progressed well in the form of developing many schools of nursing, four colleges of nursing and a plan for a degree program. Entrance requirement for admission to nursing were increased from grade eight to ten raising the standard in an important way. Also, there were many efforts made to upgrade the nursing curriculum by adding science, non-nursing subjects and community health to give nursing students a wider approach and broader knowledge to face the challenges. Even though nursing education has moved along well, there is a great deal more to be done to advance the education of nurses in Pakistan. The standards of nursing education need to be improved by preparing nursing tutors with a more comprehensive background of education and experience. This can be achieved by revising the present college of nursing curriculum together with furnishing basic facilities which are necessary. The PNC is presently addressing the revision of the curriculum with the help of the principal and teachers in all colleges of nursing. Degree programs need to be developed for advanced preparation in nursing. These will require careful management, leadership and communication skills to enhance the nurses's job performance and relationship with other health care team members. Colleges of nursing could be upgraded academically to the university level in order to prepare nurses at a degree level and prepare teachers qualified to teach nursing to diploma students. Education at the diploma level will improve with the advent of degree prepared nurses. Better education will provide nursing professionals with the autonomy and confidence which is necessary to work side by side with other health professionals. However, facilities like housing, transportation and salaries for diploma nurses will require improvement in order to facilitate efficient and effective work by nurses. Overall, change in the educational system for nurses requires dialogue between the nursing association and the government in order to create awareness of the importance of education in the nursing profession so that this is translated into tangible support through funds and grants.

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[1] Scott., 104.

Nursing Services

Much has been achieved with regard to the availability and quality of nursing services and in terms of opening many hospitals and through creating the posts of chief nursing superintendent, the directorate of nursing at the provincial level, and Nursing Advisor in the Ministry of Health. Also the achievement of a grade 20 pay scale for nurses in the top positions has been important. The latter is the highest grade in the government. There is nevertheless, a need to improve the salary scale for staff nurses to raise their economic status. Work still needs to be done to improve the nurse- patient and nurse-physician ratios to improve the quality of care given in the hospital. This can be achieved by improving basic facilities, developing or portraying a positive image of nursing through the media, and then actively recruiting nurses to enter the profession. In addition, there should be a continuous in service education program to enable nurses to upgrade their knowledge and skills. Promotions and seniority need to be given on the basis of both numbers of years of experience and the attainment of degree or postgraduate education.[2] Also, action from the Nursing Federation and Council level would be required to ensure that a nurse is appointed to the position of President of the Pakistan Nursing Council.[3] It was suggested by Mrs Mowla that for high positions there should be an additional position such as Vice-president or Associate Nursing Advisor, to allow substitution of duties or development of a qualified person to replace the incumbent nurse. In that way, positions would not be left vacant or be filled by non-nursing personnel. To bring about change, nurses at all levels, retired senior leaders, current leaders and working staff nurses would need to unite and raise their collective voice towards the improvement of the status of nursing in Pakistan. Nursing leaders need to have a presence at the national assembly level and take an active part in health policy and decision making.[4] Frequent communication with the government can be facilitated by inviting government officials to the PNF and PNC meetings and making them aware of the needs and demands of the profession.

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[2] Kamal., 1996, 8.

[3] Faiz.,

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[4] Brig. Nusrat., 13.

Chapter VIII

The Aga Khan University: A turning point in the history of nursing in Pakistan

> "Whilst open to all, the Aga Khan University is to be an Islamic institution. It will draw upon the great historical tradition of Muslim learning, the heritage of such philosophers and scientists as Ar-Razi and al-Biruni, Ibn Sina and Ibn Rushd. In the true spirit of this tradition, it will also address the higher educational needs of Muslims as they face this new fifteenth century of the Hijra."[1]

In 1964, His Highness Prince Karim Aga Khan envisioned and established the second Muslim University after The Al-Azhar University in Cairo, which was built by His forefathers a thousand years before. That University has produced Muslim scientists and men of learning who made enormous contributions towards the development of modern science and whose work eventually proved a major catalyst in bringing Europe out of the "Dark Ages" and into the Renaissance. This is the second private Muslim University to be built in a thousand years. His Highness' philosophy in envisioning this project was to provide quality health service not only to the urban area but to the remote area of Sind whose population was increasing rapidly with scarce resources. After an extensive study of the medical and health care needs of the country, plans for a major medical centre were initiated. To work on this plan, experts on architecture and education were sought from outside the country. His Highness wanted to design the project following the tradition of Islamic architecture and at the same time provide the best modern health care facilities. In the educational setting, medical and nursing profession faculty from McGill and

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[1] Speech of His Highness the Aga Khan at the Inauguration of the The Aga Khan University's Faculty of Health Sciences and the Aga Khan University Hospital Karachi. November 11, 1985.

McMaster Universities respectively were approached in 1979. For nursing education, faculty members from McMaster University visited Pakistan for three weeks accompanied by three Pakistani nurses with the aim of assessing the status of nursing education in Pakistan. Also, Pakistani nurses visited McMaster University funded by CIDA to observe the implementation of nursing education at the university level. Reports were prepared with recommendations and work on curriculum was started with the emphasis on community health nursing. The latter was in keeping with the views and philosophy of His Highness. The role of the University was reflected in the mission statement of the Aga Khan University:

> The Aga Khan University Medical Centre is dedicated to providing exemplary education, research and service, orientated toward finding and disseminating innovations to improve the health of the people of Pakistan and the developing world".[2]

As discussed earlier, the low status and image of nursing in Pakistan would hardly have encouraged young girls to take up this profession. Therefore His Highness made a point of conveying His feelings about nursing to His community which is called the Shia Imami Ismaili community, and for which He is the spiritual leader. He endorsed that nursing was a noble profession and parents should be encouraging their daughters to take up this profession. As a result young girls from the Ismaili community came forward to enter the profession, and out of 35 who were accepted for the first class of nursing students in 1980, 31 were Ismailis.[3] Regarding recruitment of nurses at the Aga Khan School of

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[2] Board of Trustees Report. The Aga Khan University, March, 1993.

[3] Banning J, "Changing the image of nursing in Pakistan" *The Canadian Nurse* (1991).

Nursing, Ms. Warkentin said they faced a little bit of problem because many of the Ismaili nurses came for the program just because His Highness wished them to be a nurse and not of their own wish. Therefore they had to assess the students carefully because she believed that one has to be satisfied and content with the work and if the work is being forced the outcome is not efficient.[4] The Aga Khan University's School of Nursing was inaugurated in 1981 by then President General Mohammed Zia-ul-haq, with the primary objective of raising the standards of nursing in the country as well as recognizing and encouraging a positive attitude towards this much neglected profession.[5]

A school of nursing was a component of the university complex and consisted of a large teaching hospital and a medical college. It was the largest project sponsored by an international philanthropic foundation, the Aga Khan Foundation. It was established by His Highness Prince Karim Aga Khan in 1967 with the aim of improving the quality of life through education, health, economic and rural development. These projects were concentrated in developing countries like Asia, and Africa, providing service to everybody regardless of race, colour and religion.[6] The Foundation is working with over 30 development organizations including United Nations International Children's Emergency Fund, World Health Organization, Canadian International Development Agency, Overseas

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[4] Warkentin., 7.

[5] International Newsletter, "His Highness Announces Degree Program in Nursing" *The Aga Khan Health Services*, 28 (1987): 1.

[6] Norton., 126.

Development Agency in the U.K., Oxfam, the Ford Foundation and Swiss Aid.[7]

Entrance criteria were established and as a result applicants were to be considered on an individual basis, with the selection to be made on the basis of merit. Students were required to be women between the ages of sixteen and twenty-two years. Preference was given to single women. The students were required to demonstrate an ability to read, write and speak English, be in good health, be in good standing in their own educational institutions and submit three letters of character references. Also, as a result of a commitment with the Pakistan Armed Forces Nursing Services, in return for the use of their clinical areas, fifteen students of their choice were accepted in each class.

The nursing curriculum was designed keeping in mind the commitment and philosophy of His Highness. The emphasis of this school was on integration of theoretical concepts of community health with clinical instruction. The integration began with pediatric nursing, having students spend half of their clinical rotation in the community. This facilitated an understanding of the environment to which children would return, and helped make health teaching in the hospital more relevant to the real circumstances. Community health nursing was taught in all six semesters in the diploma program. In addition to the nursing courses, non-nursing courses were also added to give nurses a broader perspective of society and allow them to benefit from the enrichment afforded by study in the arts, sciences and humanities to which client belong. These were: anthropology, art appreciation, Pakistan culture, Islamic studies, world literature, English and physical education. The school set up its own examination policy by semester, for which the PNC had no objections. In addition, students had to take board examinations twice, once at the end of the first year and once at the end of the third year as set by the PNC.[8] The standard of education was reflected in the results of the Sind Nurses Examination board every year. For example, in 1993 out of 78 students who took the examination, 93% passed. Of this group, 91% passed in the first division, with the top three positions going to AKUSON students, and eight students from AKU received honours.[9]

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[7] International Newsletter, "$125,000 Aga Khan Foundation Grant for Better Health Communication" *The Aga Khan Health Services*, 23 (1985): 1.

In 1992 the AKU School of Nursing received a grant from the Ministry of Women's Development, Government of Pakistan for the track 1 diploma program. This program was geared towards preparing nursing students from rural areas to be able to take a three year diploma program with other students. They were given classes in English and science subjects. The program admitted 34 students from rural and underprivileged areas to its special course in 1993. In addition the AKU developed a strong relationship with the PNC and the PNF which resulted in an invitation to participate and facilitate in developing curriculum for both diploma and post-RN programs. Secondly, the staff of the AKU were asked to assist in the manpower training sector of the family health project, a Government of Sind World Bank project. Thirdly, the staff of the school of nursing were asked to prepare nurse examiners and this resulted in an important decision by the Nurses Examination Board to have nurse examiners for nursing students. As a result, for the first time in Pakistan, all the Board examinations for year one students were conducted by nurses, whereas in the past these tests were conducted by physicians.[10] Finally, AKU staff were asked to help initiate the changes in PNC regulations for diploma nursing education to allow married women into programs and to allow all nursing students to be day scholars. In addition AKUSON did many presentations on topics related to nursing in order to create awareness in the public and also they invited other schools of nursing in Karachi and outside to joins them for professional activities. Ms. Warkentin believed in sharing the facilities, resources and knowledge that AKUSON was privileged to have and in her interview she emphasized that, "I can be an island of excellence to myself in my little isolated place but if I don't care about some of the other institutions around me, I mean so what am I accomplishing, not much."[11]

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[8] Norton., 217.

[9] Dirk J, Nursing: The Aga Khan University, Annual Report 1993. 15.

During 1983-92, a 12 month work-study program was developed and offered by McMaster to prepare a critical mass of nurses for immediate roles in the school of nursing and the department of nursing in the AKUH. Another 23 nurses were admitted to the BScN program at McMaster. Funding from CIDA provided for the fellowships for study in Canada, provision of on-site McMaster faculty at the AKUSON, and consultation to nursing service. The aim of that collaboration laid the foundation for the current partnership arrangement between the two Universities for the DWHP program.

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[10] Dirks., 15.

[11] Warkentin., 8.

To further enhance the nursing profession in Pakistan, His Highness The Aga Khan announced the development of a baccalaureate degree program in nursing at the fourth graduation of the School of Nursing in Karachi on November 30, 1986. His Highness's goal for this degree program was to bring the School of Nursing to an academic position in the Aga Khan University (AKU) equivalent to that of the Medical College. It was expected that once this program was established, new degree programs such as master's and Ph. D. programs would follow permitting graduates to strive for the uppermost levels of the nursing career ladder and the highest level of academic recognition and achievement. Again this program was developed and initiated with the assistance of McMaster University. This was an excellent example of how Universities can be linked to develop nursing. A prominent Muslim scholar from the American University of Beirut, Dr. Nabil Kronfol had said that "Pakistan could well lead the way in improving the status of nursing in other Muslim countries where this profession suffers a poor image as well."[12] And it certainly did as there were many applications from nurses in other countries to enter the Aga Khan University School of Nursing (AKUSON). In November of 1988 the two year post- RN BSc in Nursing was initiated. This was the first one of its kind in the country, and attracted a number of international students. To date, three international students, two from Kenya, and one from Malaysia have come to study for the BSc degree. Graduates of this program are now seeking master's and Ph.D. programs abroad and plan to return to teach at the BscN level, a great achievement for the University and Pakistan. In addition, faculty from this University are working side by side with the faculties of the

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[12] International Newsletter,. 1987, 4.

Government schools of nursing and colleges of nursing to improve and raise the standards of nursing in Pakistan. AKUSON's post-RN BscN program was evaluated by an external evaluator and results were very positive. The reviewer declared that it was, "well underway in meeting international standards of baccalaureate education and a good investment for the University."[13] The only baccalaureate program in Pakistan had prepared 80 BScN graduates by 1993.

Another major project of the AKU was inaugurated on November 18,1994. This was the Institute for Educational Development (IED) on the campus of the Sultan Mohammed Shah Aga Khan School in Karachi. His Highness's vision for this institution was "to focus on the practical problems of education in Pakistan and developing societies. The low status of teaching was one of the many causes of the problem bearing on educational quality." He envisioned that "this project will not only work individually with the school heads but it will try to build a new teaching environment" and reflected his goal of raising standards generally. Therefore the project was designed to enhance the quality of education and the status of the teaching profession in Pakistan. This project was to be jointly carried out with the collaboration of Universities of Oxford and Toronto. In the first group of students, 22 candidates participated from Bangladesh, Kenya, Pakistan, Tajikistan and Tanzania. About one third of the master teachers being trained came from the Government schools, so eventually they would contribute to raising educational standards in Pakistan and other developing countries.[14] The first 21 graduates of the M.Ed. program of the AKU graduated on November 17, 1995.[15] The Chief guest, the Governor of Sind, said that:

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[13] School of Nursing, Annual Report 1992, AKUMC, Karachi. 10-11.

> "The Aga Khan University is also a symbol of academic excellence whose steady progress is a tribute to the commitment of its faculty, students, staff and above all to the broad-based vision of His Highness the Aga Khan."[16]

AKU's commitment to upgrade the status of nursing and women was demonstrated by the participation of seven of AKU's faculty in the UN's Fourth World Conference for Women in Beijing. The group presentation, "Women in Pakistan", covered the health status of women, the role of AKU in the advancement of women with a focus on the role of the School of Nursing, the formation of the AKU working group for women and the Government family health project being implemented in collaboration with the Community Health Services (CHS) of AKU.[17]

The Community Health Sciences department of the AKU (CHS) has prepared medical students, nurses and physicians to work in the urban slums and rural areas of Pakistan to fulfill the commitment of His Highness, "reaching to the remotest area to provide health." The CHS department requires 20% of the curriculum time of AKU's students. This enables students to get first hand experience in community programs and to understand and assist in the resolution of the health and development problems of the population. The CHS department is working in a broadly based way with the Government at national, provincial and municipal levels to develop health policy and design a quality district health care structure. Through the efforts of the CHS department, the infant mortality rate went from an average of 126 infant deaths per 1000 live births to 64 at a nominal cost of U.S. $4 per person per year in the urban slums of Karachi over to the period from 1986 to 1991. The CHS department is working collaboratively with the International Development Research Centre (IDRC) of the Canadian federal government to strengthen the district health system in Sind with the emphasis on maternal and child health. This project is helping students to gain community experience and at the same time it is strengthening the national health care system. Also, the Government of Sind asked the CHS department to assist in two World Bank sponsored programs: the family health project and the school nutrition program, a project which was ongoing in 1996.[18] To further support the community program, a post-graduate Family Medicine program was initiated in 1993. The aim of this program, which was the first of its kind in Pakistan, is to train physicians in both clinical and community health work for urban and rural populations. This program has been planned with the assistance of the Department of Family Medicine at McGill

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[14] IED's first professional development centre inaugurated, *The Ismaili Canada*, 9(1) (March, 1995): 29-30.

[15] "A Milestone achieved", *AKHUWAT* (A quarterly publication for the faculty and staff of the AKU. 21 (1995): 3

[16] International Newsletter, First Graduation of Institute for Educational Development" *The Aga Khan Health Services*, 61, (January, 1996): 1.

[17] "AKU represented at United Nations Fourth World Conference for Women", AKHUWAT, 22 (1995): 6.

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[18] The Department of Community Health Sciences, *Annual Report 1992*, AKUMC, Karachi. 10.

University in Montreal, Canada.[19]

Quality patient care has been the top priority of the Aga Khan Health Services institutions in general. Several workshops have been arranged to educate the staff about the quality assurance program throughout the hospital. Monthly audits have been carried out to measure the results. In 1992, the AKU Hospital facilitated two workshops in Nairobi (Kenya) and Tanzania to provide education for their staff. Since then, AKU nurses have been visiting frequently to provide updates on the quality assurance program.[20]

The Aga Khan University celebrated its first ten years in 1995, and has achieved more than expected in the fields of nursing, medicine and community health, as stated by His Highness the Chancellor of the AKU

> "It is my wish that this should become an international University, able to mobilise resources from other countries, to co-ordinate international research and to encourage the exchange of ideas between nations."[21] And the result of His envision was stated by the Chairman of the Board of Trustees as, "The first decade of the Aga Khan University has seen significant growth and development. These achievements have not come easily, and have demanded extraordinary commitment, dedication, teamwork, and above all steadfastness to its mission and objectives. The challenges on the journey to the decade milestone, and the achievements in such a short span of time, have set the stage for the future evolution of The Aga Khan University."[22]

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[19] Dirks J, Faculty of Health Sciences, Annual report 1993. 11.

[20] Achievements and initiatives, Annual Report 1992, AKUMC, Karachi. 5.

[21] Chancellor's statement, Annual Report, 1992.

[22] Message from the Board of Trustees, The Aga Khan University Annual Report, 1993.

Because of its popularity internationally, many overseas health professionals have expressed interest in serving the Medical Centre and have worked in a voluntary capacity at the campus. Overall The Aga Khan University both as a resource centre and as a leader among institutions has facilitated not only nursing, medicine and community health programs but it has helped in upgrading the entire health care system of Pakistan.

Generally, the nursing profession has come a long way since independence with the consistent effort and hard work of its numerous leaders and committed staff. In nursing education, work has been done to upgrade the curriculum of both diploma and post-RN programs along with improvements in the physical facilities provided for the students. In nursing services, some of the nurses in higher positions are in rank 20, giving them the same status as other high level government officers. This achievement would have seemed like a dream in the early 1950s. Both the PNC and the PNF with the help of CIDA are in the process of initiating some developmental programs such as degree programs, strengthening the leaders' positions at the Ministry and strengthening their role by creating awareness in nurses. These changes would be very helpful in raising standards of nursing. However, there is still a long way to go to be recognized nationally and internationally. To meet this challenge, a great deal of energy, enthusiasm and team work will be needed from the present nursing leaders and nurses in general in Pakistan.

Chapter IX

Summary and Conclusion

History presents important information from the past and this knowledge forms the basis of our existence. Knowledge of the past thus holds a meaningful position in every individual's life. It also enables us to use knowledge gained from experience and to avoid the mistakes of the past. The writing of this historical thesis was a beginning effort to identify nursing history in Pakistan by sharing the experiences of nursing leaders through whose efforts and hardships today nursing in Pakistan is recognized. This would assist present and future nurses to learn from the past and to continue to raise the standard of nursing in Pakistan. As described by Shafer, "men [women] who are ignorant of history are apt to make superficial judgements"[1], therefore it was an important task to explore the past.

In pursuing a course in Administration and Management at the University of Alberta, I chose "International Nursing" as a focus of study, and was unable to find information about Pakistan. As a result my curiosity was heightened on the subject. Following an extensive library search and a search for information in Pakistan, I learned that there was a dearth of written historical material on Pakistan. As written material on this topic was not available, an oral history approach to gather the data was planned. Dr. Susan French who had extensive experience in Pakistan over the past 15 years provided a list of names of nursing leaders who became sources for locating others from the time of pre-partition. Ten nursing leaders from different parts of Pakistan were interviewed. Oral history is a time-consuming process, as time and money is needed to travel in different cities, to make appointments, to tape-record the interviews and then to transcribe the interviews for analysis. The other aspect of oral history is the need to rely on the information and memory of the individual source whose memories may or may not be accurate. The human memory is of course not infallible, and it is much more difficult to remember events in the distant past accurately. In spite of the above, it was very interesting and was fortunate to learn about history of nursing in Pakistan from these leaders own experiences. These individuals willingly shared their experiences from the difficulties of entering the profession, the problems faced as women and nurses both with in and outside the profession, and the struggles to raise the status of nursing in a developing male dominated country.

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[1] Shafer., 7.

It has been 49 years since independence. Pakistan as a nation has struggled to raise the health status of its population. Pakistan, where 45% of the population is under the age of fifteen years has had a high maternal and child mortality and morbidity rate compared to other developing countries. One of the reasons, for the unsettled health of the population is the low budget for health in comparison to defence. With the help of a Government five year plan Pakistan has managed to lower its morbidity and mortality rate and is trying to set up basic preventive health centres in remote areas of Pakistan. LHVs are the primary source of care in the preventive health care set up. These workers unfortunately are not trained up to a standard where they could face all the challenges of the health care system. However, with the initiation of programs by international agencies like CIDA in collaboration with AKU, the curriculum for the LHV is under revision in order to properly educate and prepare them for community nursing. To help LHVs in the community setting, community health nursing has been added to the curriculum, and student nurses during their education are visiting communities where they are learning to provide care.

Unfortunately, there are not enough community trained teachers to teach students. However the PNC is working towards developing a community based curriculum for the teachers. In the meantime the community health services of the Aga Khan University is preparing bachelor of science nurses and medical students specialized in community health, and these students are providing service in the urban slums of the Karachi area. This organization is, in addition, preparing teachers for community health experience in other hospitals and schools of nursing. With the inclusion of community health in the nursing curriculum, the new registered nurses will be able to take the position of community health nurses which was not possible before. Nursing has played an important role in raising the health status of the population, and with better educated nurses they will be even better prepared to assist the government and the population.

According to the data gathered from the interviews and the written material, the most important aspect missing in nursing at this point is higher education. Nurses are at the senior level in comparison with the other government officials but because of lack of advanced knowledge in the field of nursing, their voice in government is not as strong as it might be. Nurses in these positions are always in danger of losing their posts. Advanced nursing education can give them the confidence and courage to stand up for their convictions. There are some leaders who have been successful in getting what they sought because of their educational preparation, but the majority of them did this in spite of limited educational preparation. Nevertheless, they had strong clinical and administrative experience on which to base their teaching of students and managing the hospitals. To address the needs of incoming students for whom the PNC is trying to get the degree courses set up, educated instructors will be needed both in education and in administration.

Both the PNC and PNF have had strong leaders but soon they will need to replace them in the electoral process. Much has been achieved through the platform of PNC on nursing education: the entrance criteria for nurses have been raised to grade ten; the curriculum has been revised to add other nursing and non-nursing subjects to broaden nurses' knowledge and scope; the curriculum for the post basic diploma has been revised and the curriculum for the initiation of degree courses is in progress. Progress was slow as compared to other developing countries such as India where independence was gained at the same time, and the level of nursing education in India has had far more recognition internationally than Pakistan. However, the PNC is striving to bring nursing in Pakistan up to the international standards. International donors, such as CIDA are contributing to the development of the profession. In nursing services, senior nurses lack advanced knowledge and skills to keep themselves up to date with the outside world, and programs need to be developed for them.

In addition, there is a need for strong communication between retired and new nursing leaders in order to encourage using what has ben gained in Pakistan's nursing history. Through the platform of the PNF, nurses' rights have been upheld on many occasions and also they have been representated on the Nursing Council. At present they are in need of a permanent home for their office as well as funds to support organizational expenses, especially publishing of the professional journal. Also, they are preparing for elections which have not been held for the past three terms.

One of the factors in the slow progress of the nursing profession is the low status assigned to women and their work. Basically because of the Muslim state, women were restrained from doing lots of activities when in actual fact there were no direct restrictions from the religion itself. It was a matter of interpretation of the Holy Quran. However, many Muslim families did respect nursing and sent their daughters abroad for the education and training. However, the trend is changing now, and there are lot more female secretaries in the offices and more girls from economically advantaged families entering the nursing profession than was seen five years ago. This demonstrates that women are regaining their status, though there is a long way to go. At least a process has been initiated and it is moving in a positive direction for women. Once nurses as women are united and gain more education the profession will be recognized internationally.

There is rich information in the interviews given by these leaders which were tape-recorded and will be kept at the PNC archives for present and future nurses to review. The nursing profession has come very far in terms of development from the time of independence when the entire nursing structure was in chaos until the present when we have senior nurses in important government positions. A great deal of effort and hardship during their lifetimes have been given by these nursing leaders to the nursing profession. As noted earlier, a great number of documents were obtained from the leaders themselves in the course of the interviews. These included important manuscripts and Pakistan nursing journals. None of these resources are currently available in nursing libraries in Pakistan. A project is very much needed to collect these resources for the nursing libraries so that they would be available to nurses, nursing students and others. No doubt grants or financial assistance would be required to carry out this project.

Without this historical approach it would not have been possible to know the details of the history of nursing in Pakistan over this period of time. This is just the beginning as there is a need to further develop knowledge about Pakistan's nursing history as there are very few written materials. Proper preservation of materials in a nursing archival library need to occur to preserve material for future nurses in order that they can know and recognize that the status they are enjoying today is founded on the struggles and challenges faced by nurses in Pakistan over its history.

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Appendix A
Interview Guide

- When you decided you wanted to become a nurse, why did you make that choice?
- Did anybody in your life influence your decision to become a nurse?
- Could you comment on your early career?.
- Can you share your experiences and perceptions of nursing profession during the period of the 1960s-1980s?. Describe in your own words the changes that took place.
- What was the status of nursing in 1960s and 1970s and what contributions were made by other nursing leaders and yourself in maintaining or changing the status of nursing.
- What kind of problems and difficulties did you face during your leadership and what strategies did you used to overcome them?
- What were the professional qualifications of nurses at that time?
- What was your experience as a woman and a nurse in a Muslim male dominated state?.
- What was the impact of socio-political condition of the country on the profession of nursing during this period of time?.
- What do you think of present day nursing in Pakistan?
- Could you comment upon the relationship between nursing and other professions in the health sector including medicine?.

Appendix B

Information letter

Hafiza Hemani, R.N., BScN.
Master of Nursing Candidate
Graduate Student, Faculty of Nursing
3rd Floor Clinical Science Building
University of Alberta
T6G 2G3
Tel #(403) 492 6685
November 3, 1995.

Dear Madam,

Thank you for indicating an interest in the study I am proposing to conduct. I am a registered nurse from the Aga Khan University Hospital, Karachi and presently a graduate student in the Faculty of Nursing at the University of Alberta. I am doing historical research for my Master of Nursing thesis. The purpose of this historical research is to undertake a beginning study of the history of nursing in Pakistan. I will be interested in identifying or exploring the roles played by nursing leaders in the development of the nursing profession in Pakistan. Information about the history of nursing in Pakistan from the perspective of nursing leaders is essential knowledge for present and future nurses. The PNC has helped me to identify the names of our nursing leaders and you are one of the leaders identified. If you agree to be in this study, the interview will be scheduled at a convenient time for you. I will be coming to Pakistan in January 1996 to carry out the study. I would like to make arrangements for an interview with you by mail if possible, should you agree to allow me to talk with you about your experiences. The interview will take approximately 60-70 minutes, and will be taped recorded and transcribed. A second interview might be scheduled if there is a need to clarify information and further questions. The only people allowed to listen to the audiotapes will be the researcher, the research supervisor and the typist transcribing the data. If you wish anything you have said to be removed from the written record, this will be done. Also, if you are not comfortable with audiotaped the researcher is willing to take notes at the time of the interview.

Involvement in this study is voluntary, even if you decide to take participate in this study you can withdraw from the study or stop an interview whenever you wish just by telling me. There is no problem or penalty if you do not participate or decide to drop out. You do not have to answer any question that you do not wish to. I will be happy to discuss any question that you may have regarding this study. If you agree to share your experience with me, I will need you to sign a consent to participate. I will provide you with the main interview questions in advance of our discussion.

There are no risks in participating in this study. However, the information from this study will help the nurses of today to recognize the efforts made by nursing leaders in laying the foundation of our profession and will develop better understanding of the strategies needed to meet challenges facing the profession.

I look forward to an early and favorable reply.

Thanks

Hafiza Hemani

Appendix C

Consent Form

Project Title: History of nursing in Pakistan.

Researcher:	Supervisor
Hafiza Hemani, R.N., BscN.	Dr. Janet C. Ross Kerr, R.N., PhD
Masters of Nursing Candidate	Professor
Graduate Student, Faculty of Nursing	Faculty of Nursing
3rd floor clinical science building	3rd floor Clinical Science building
University of Alberta, Canada	University of Alberta, Canada
T6G 2G3	T6G 2G3
Telephone NO: 492-6251	Telephone No: 492-6253

The purpose of this historical research is to undertake a beginning study of the history of nursing in Pakistan through interviewing nursing leaders. Information provided from the perspective of these leaders is essential knowledge for present and future nurses. Results from this research will help nurses to recognize the efforts made by the nursing leaders in laying the foundation of nursing profession in Pakistan. Interviews will last for 60-70 min and if need arise to clarify some issue or point second interview will be arranged. Interviews will be audiotaped and then transcribed. The tapes and transcriptions will only accessible to the researcher, her supervisor and the transcriber. The audiotapes will be kept in secure place. You do not have to participate in this research if you do not want to. You can choose to withdraw from the study at any time.

I, ---------------------(print name) have read this information and hereby agree to participate as a volunteer co-researcher in the study. I have had the chance to ask question related to this study. Any question have been answered to my satisfaction. I understand the possible benefits of joining the research and I have been assured that tapes and transcriptions relating to this research will be accessible to the researcher, the research supervisor and the transcriber. I understand that I am free to withdraw from this research at any time after informing the researcher. I have been given a copy of this consent form to keep.

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Signature of the co-researcher	Date
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Signature of the researcher	Date